| OHIO DEPARTMENT TRAFFIC CRASH                                | REPORT *DENOTES MA   | NDATORY FIELD FOR SUPPLE                                 | MENT REPORT                            | L                                   | OCAL REPORT NUMBER                  | <b>?</b> *                            |
|--|--|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| PHOTOS TAKEN OH-2 X 0H-3                                     | LOCAL INFORMATION  |  |  | 2 0 2 4                             | -   0   0   0   0                   | $5 \cdot 8 \cdot 5 \cdot 9$           |
| SECONDARY CRASH OH-1P OTHER                                  | REPORTING AGENCY NAME*   |  | NCIC*                                  | HIT/SKIP<br>1 - SOLVED              | NUMBER OF UNITS                     | UNIT IN ERROR<br>98 - ANIMAL          |
| PRIVATE PROPERTY   | City of Kent Police  |  | 0,6,7,0,3                              | L 2 - UNSOLVED                      | 0 3 0                               | 1 99 - UNKNOWN                        |
| 1-CITY   | , VILLAGE, TOWNSHIP*   |  |  | CRASH DATE /1                       | 1                                   | ASH SEVERITY<br>- FATAL               |
| 3-TOWNSHIP TENT  | LOCATION ROAD NAME   |  | ROAD TYPE                              | 0,4,2,4,2,0,2,4                     |                                     | - SERIOUS INJURY<br>SUSPECTED         |
| S - SOUTH  | FAIRCHILD  |  |  | 41,164                              |                                     | - MINOR INJURY                        |
| W-WEST   | REFERENCE ROAD NAME (ROAD, I   | MILEPOST. HOUSE #)                                       | ROAD TYPE                              | LONGITUDE DE                        |                                     | SUSPECTED - INJURY POSSIBLE           |
| S - SOUTH<br>E - EAST  | SILVER MEADOV  |  | $\mathbf{B}_{\perp}\mathbf{L}_{\perp}$ | -811 <sub>0</sub> 384               | 1393 38 3 W                         | - PROPERTY DAMAGE                     |
| REFERENCE POINT DIRECTION                                    | ROUTE TYPE   | ROAD TYPE  | D D                                    |                                     | INTERSECTION RELATE                 | ONLY                                  |
| 2-MILE POST 2 C COUTH  | and the second s | - ALLEY HW- HIGHWAY - AVENUE LA - LANE                   | RD - ROAD                              | ☐ WITHIN INTE                       | RSECTION OR ON APPROA               | ACH                                   |
| 3-HOUSE # E-EAST   | I EDERAL OS ROOTE  | - AVENUE LA - LANE<br>- BOULEVARD MP - MILEPOST          | SQ - SQUARE<br>ST - STREET             | within inte                         | RCHANGE AREA NUM                    | MBER OF APPROACHES                    |
|  | NUMBERED COUNTY ROUTE CR   | - CIRCLE OV - OVAL<br>- COURT PK - PARKWAY               | TE - TERRACE<br>TL - TRAIL             |                                     | ROADWAY                             |                                       |
| 1-MILES TR-  | NUMBERED TOWNSHIP DR .   | - DRIVE PI - PIKE  | WA - WAY                               | ROADWAY DIV                         | IDED                                |                                       |
| 2 0 0 2 3-YARDS  |  | - HEIGHTS PL - PLACE                                     |  |                                     |                                     |                                       |
| 1 - ON ROADWAY 9 - CROSSOVER                                 | 1 - NOT (  | NER OF CRASH COLLISION/IMP<br>COLLISION 4 - REAR-TO-REAR |  | DIRECTION OF TRAVE                  |                                     | IN TYPE<br>FLUSH MEDIAN               |
| 0 1 2 - ON SHOULDER 10-DRIVEWAY/ 3 - IN MEDIAN 11-RAILWAY GI | TWO  | WEEN 5-BACKING MOTOR 6-ANGLE                             |  | S - SOUTH                           | ( < 4 FEE                           |                                       |
| 4 - ON ROADSIDE 12-SHARED US                                 | E PATHS OR TRAN  | NSPORT 7 - SIDESWIPE, SA                                 |  | E - EAST<br>W - WEST                | ( ≥4 FEE                            |                                       |
| 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE                           | 2 - REAR<br>3 - HEAD   | NGCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC                   |  |                                     | N 2000000000                        | RAISED MEDIAN                         |
| 7 - ON RAMP 14-TOLL BOOTH<br>8 - OFF RAMP 99-OTHER/UN        |  |  |  |                                     | 9 - OTHER/UI                        |                                       |
| WORK ZONE RELATED  | WORK ZONE TYPE   | LOCATION OF CRASH IN V                                   | VORK ZONE                              | CONTOUR                             | CONDITIONS                          | SURFACE                               |
| 1-1  | LANE CLOSURE<br>LANE SHIFT/CROSSOVER   | 1 - BEFORE THE 1S<br>WARNING SIGN                        |  | _1_                                 | 2                                   | _2_                                   |
| DIAMENTODOFMENT DESCENT                                      | WORK ON SHOULDER<br>OR MEDIAN  | 2 - ADVANCE WARN 3 - TRANSITION AR                       |  | 1 - STRAIGHT LEVEL                  | 1 - DRY                             | 1 - CONCRETE                          |
| 4-1  | INTERMITTENT OR MOVING WORK  | 4 - ACTIVITY AREA  |  | 2 - STRAIGHT GRADE  3 - CURVE LEVEL | 2-WET<br>3-SNOW                     | 2 - BLACKTOP,<br>BITUMINOUS,          |
| ACTIVE SCHOOL ZONE 5-0                                       | OTHER  | 5 - TERMINATION A  | REA                                    | 4 - CURVE GRADE                     | 4 - ICE                             | ASPHALT<br>3 - BRICK/BLOCK            |
| LIGHT CONDITION  1 - DAYLIGHT                                | WEATHE<br>1-CLEAR  | 6 - SNOW   |  | 9 - OTHER/UNKNOWN                   | 5 - SAND, MUD, DIRT,<br>OIL, GRAVEL | 4 - SLAG, GRAVEL,<br>STONE            |
| 1 2-DAWN/DUSK  | .0.4. 2-CLOUDY   | 7 - SEVERE CROSSWINDS                                    |  |                                     | 6 - WATER (STANDING,<br>MOVING)     | 5 - DIRT                              |
| 3 - DARK – LIGHTED ROADWAY<br>4 - DARK – ROADWAY NOT LIGHTED | 3 - FOG, SMOG, SMOKE<br>4 - RAIN   | 8 - BLOWING SAND, SOIL, DIE<br>9 - FREEZING RAIN OR FREE |  |                                     | 7 - SLUSH                           | 9 - OTHER/UNKNOWN                     |
| 5 - DARK – UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN   | 5 - SLEET, HAIL  | 99 - OTHER / UNKNOWN                                     |  |                                     | 9 - OTHER/UNKNOWN                   |                                       |
| NARRATIVE  |  |  |  |                                     |                                     | Indicate the north                    |
| Unit 3 was stopped in the roadw                              | av waiting for a larg  |  |  |                                     |                                     | direction with an "N" on the          |
|  |  | e  |  |                                     |                                     | compass diagram.                      |
| truck to turn into Kent Health                               |  |  |  |                                     |                                     |                                       |
| behind Unit 3, also stopped was                              |  |  |  |                                     |                                     |                                       |
| clear. Unit 1 was approaching                                |  |  |  |                                     | N/o                                 | t To Scale                            |
| this time. Unit 1 driver looked                              |  |  |  |                                     | No                                  | To scare                              |
| water bottle in the center conso                             |  | · -  |  | Unit 3                              | Unit 2 Unit 1                       |                                       |
| of Unit 1 looked back up at the                              |  |  |  |                                     |                                     | FairchildAve.                         |
| wasn't enough space or time to                               | ACCOUNT AT AN ACCOUNT OF   | 1  | 1                                      | KentHea                             | lthCare1290FairchildAve.            |                                       |
| applied the brake but rear end                               | ed Unit 2. This  |  |  |                                     |                                     |                                       |
| caused Unit 2 to roll into Unit 3                            | <b>i.</b>  |  |  |                                     |                                     |                                       |
|  | ·  |  |  |                                     |                                     |                                       |
|  | DISPATCH DATE / TIME   | ARRIVAL DATE / TIN                                       |  | SCENE CLEARED                       | Ī▽                                  | POLICE AGENCY                         |
| 0,4,2,4,2,0,2,4,7,0,7,5,3,0,4,2,10,11   TOTAL TIME           |  |  | CHECKED BY OFFI                        |                                     | +,/,0,8,3,/,                        | MOTORIST                              |
| ROADWAY CLOSED INVESTIGATION TIME MINUT                      | Hilbruner, Neal  | ]  | Ennemos                                | er, James                           |                                     | SUPPLEMENT<br>(CORRECTION OR ADDITION |
|  | 2 OFFICER'S BAD  | DGE NUMBER*  | 2 1 5                                  | BY OFFICER'S BADGE N                | IUMBER*                             | TO AN EXISTING REPORT SENT TO ODPS)   |

LP STATE LICENSE PLATE #

INTERLOCK DEVICE

EQUIPPED

UNITTYPE 4 - PICKUP

LOCAL REPORT NUMBER

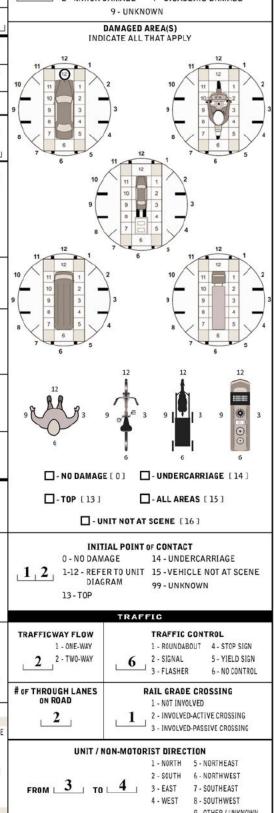
0 0 0 0 0 5 2 | 0 | 2 | 4

| 4 - | U | U | U | U | 3 | 0 | 3 | 9 |
|-----|---|---|---|---|---|---|---|---|
|     |   |   |   |   |   |   |   |   |

#### DAMAGE SCALE

1 - NONE

3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE



| 10         | 4 - WEST | 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN |
|------------|----------|--------------------------------------|
| UNIT SPEED | DETE     | CTED SPEED                           |
|            | 1.5      | TATED / ESTIMATED SPEE               |

| UNIT SPEED   | DETECTED SPEED               |
|--------------|------------------------------|
| 0.3.0.       | 1 - STATED / ESTIMATED SPEED |
| 0 5 0        | 2 - CALCULATED / EDR         |
| POSTED SPEED | 3 - UNDETERMINED             |
| 3 5          |                              |
|              |                              |

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)

918 ADMORE DR ,Kent ,OH 44240

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

HIT/SKIP UNIT

WAS VEHICLE OPERATING IN AUTONOMOUS

MODE WHEN CRASH OCCURRED?

1-YES 2-NO 9-0THER/UNKNOWN

SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE

5 - BUS - TRANSIT/COMMUTER

1 - NO CARGO BODY TYPE

/ NOT APPLICABLE

1 - TURN SIGNALS

CROSSWALK

CROSSWALK

1-NON-CONTACT

2 - NON-COLLISION

& STRUCK

1-NONE

CONTRIBUTING 5 - UNSAFE SPEED

SEQUENCE OF EVENTS

1 2 0 1 - OVERTURNIROLLOVER

9-OTHER/UNKNOWN

2 - FAILURE TO YIELD

3 - RAN RED LIGHT

4 - RAN STOP SIGN

6-IMPROPERTURN

2 - FIRE/EXPLOSION

5 - CARGO / EQUIPMENT

25 - IMPACT ATTENUATOR

/ CRASH CUSHION

27 - BRIDGE PIER ORABUTMENT

26 - BRIDGE OVERHEAD

STRUCTURE

28-BRIDGE PARAPET

30-GUARDRAIL FACE

29-BRIDGE RAIL

LOSS OR SHIFT

3 - IMMERSION

4 - JACKKNIFE

NON-MOTORIST 2-INTERSECTION - UNMARKED

1 - INTERSECTION - MARKED

2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED

1 - PASSENGER CAR

0 3 - SPORT UTILITY VEHICLE

5 - CARGO VAN

1 - NONE

FUNCTION 4 - SCHOOL TRANSPORT

2 - BUS

VEHICLE 2 - HEAD LAMPS

**DEFECTS 3-TAIL LAMPS** 

3 3-STRIKING

ACTION 4- STRUCK

0 1 2 - TAXI

0.1

CARGO

BODY

LOCATION

AT IMPACT

0 8

6 - VAN (9-15 SEATS)

00 # OF TRAILING UNITS

KL4CJASBXLB050695 O H JZS5485 INSURANCE POLICY # INSURANCE VERIFIED INSURANCE COMPANY STATEFARM 3003349SFP35 TYPE OF USE

 $0_{\perp}1$ 

10 - MOPED OR MOTORIZED

11 - ALL TERRAIN VEHICLE

6 - BUS - CHARTER/TOUR

MOTORVEHICLE

7 - BUS - INTERCITY

9 - BUS - OTHER

10-AMBULANCE

4 - LOGGING

4 - BRAKES

5 - STEERING

6 - TIRE BLOWOUT

3 - INTERSECTION - OTHER

4 - MIDBLOCK - MARKED

5 - TRAVEL LANE - OTHER LOCATION

CROSSWALK

1 - STRAIGHT AHEAD

6 - MAKING LEFT TURN

7 - LEFT OF CENTER

8 - FOLLOWING TOO CLOSE / ACDA

9-IMPROPER LANE CHANGE

10-IMPROPER PASSING

12 - IMPROPER BACKING

6 - EQUIPMENT FAILURE

7 - SEPARATION OF UNITS

8 - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

10 - CROSS MEDIAN

31 - GUARDRAIL END

32 - PORTABLE BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

BARRIER

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

11 - DROVE OFF ROAD

2 - BACKING

PRE-CRASH 4 - OVERTAKING/PASSING

0 1 3 - CHANGING LANES

5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN

0

AUTONOMOUS MODE LEVEL

9 - AUTOCYCLE

BICYCLE

(ATV/UTV)

7 - MOTORCYCLE 2-WHEELED

US DOT# COMMERCIAL GOVERNMENT RESPONSE #OCCUPANTS

**VEHICLE IDENTIFICATION #** 

12 - GOLF CART

13-SNOWMORILE

15 - SEMI-TRACTOR

17 - MOTORHOME

0 - NO AUTOMATION

11-FIRE

12 - MILITARY

14 - PUBLIC UTILITY

CHASSIS

7 - GRAIN/CHIPS/GRAVEL

7 - WORN OR SLICK TIRES

8 - TRAILER EQUIPMENT

7 - SHOULDER / ROADSIDE

8 - ENTERING TRAFFIC LANE

9 - LEAVING TRAFFIC LANE

11 - SLOWING OR STOPPED

13 - IMPROPER START FROM A

NON-COLLISION

OPPOSITE DIRECTION OF

11 - CROSS CENTERLINE -

12 - DOWNHILL RUNAWAY

13 - OTHER NON-COLLISION

COLLISION WITH FIXED OBJECT - STRUCK

37 - TRAFFIC SIGN POST

39-LIGHT/LUMINARIES

SUPPORT

40 - UTILITY POLE

OR SUPPORT

42 - CULVERT

41 - OTHER POST, POLE

38 - OVERHEAD SIGN POST

PARKED POSITION

14 - STOPPED OR PARKED

15 - SWERVING TO AVOID

ILLEGALLY

16 - WRONG WAY

TRAVEL

14-PEDESTRIAN

15 - PEDAL CYCLE

INTRAFFIC

12 - DRIVERLESS

DEFECTIVE

6 - BICYCLE LANE

7 - MAKING U-TURN

B - SIDEWALK

10-PARKED

13 - POLICE

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

16 - FARM EQUIPMENT

14 - SINGLE UNIT TRUCK

VEHICLE WEIGHT GVWR/GCWR 1 - ≤10KLBS. 2 - 10,001 - 26K LBS. 」 3 - >26K LBS.

TOWED BY: COMPANY NAME City Service HAZARDOUS MATERIAL MATERIAL CLASS # PLACARD ID # RELEASED PLACARD

OWNER PHONE: INCLUDE ASEA CODE ( SAME AS DRI Redacted per ORC 149.43(A)(1)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

2 0 2 0 Buick

VEHICLE MAKE

VEHICLE MODEL

Encore

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

VEHICLE YEAR

COLOR

WHI

18 - LIMO (LIVERY VEHICLE) 19-RUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT

25 - OTHER NON-MOTORIST 26 - BICYCLE 22 - ANIMAL WITH RIDER OR 27 -TRAIN ANIMAL-DRAWN VEHICLE

99 - UNKNOWN OR HIT/SKIP

21 - MAIL CARRIER

99 - OTHER / UNKNOWN

12 - CONCRETE MIXER

13-AUTOTRANSPORTER

3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

16-FARM 17 - MOWING 18-SNOW REMOVAL

19-TOWING 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE

9 - CARGO TANK 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 11-DUMP

14-GARBAGE/REFUSE 99-OTHER / UNKNOWN 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN

10 - DISABLED FROM PRIOR

ACCIDENT 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER

AT INCIDENT SCENE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 11 - SHARED USE PATHS OR

TRAILS 13 - NEGOTIATING A CURVE 18-APPROACHING OR LEAVING VEHICLE 14 - ENTERING OR CROSSING

SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16-WORKING

17 - PUSHING VEHICLE

21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN 21 -LYING IN ROADWAY

17 - VISION OBSTRUCTION 18-OPERATING DEFECTIVE

EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING

16 - RAILWAY VEHICLE

17 - ANIMAL - FARM

18-ANIMAL - DEER

19-ANIMAL - OTHER

20 - MOTOR VEHICLE IN

21 - PARKED MOTOR VEHICLE

TRANSPORT

45 - EMBANKMENT

43-CURB

44 - DITCH

46-FENCE

22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO

ROADWAY 99-OTHER IMPROPER ACTION

19-STANDING

20 - OTHER NON-MOTORIST

22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGOOR

ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

50 - WORK ZONE MAINTENANCE EQUIPMENT

51-WALL 52 - BUILDING 53-TUNNEL

54 - OTHER FIXED OR JECT 99 - OTHER / UNKNOWN

47 - MAILBOX 48-TREE 49-FIRE HYDRANT

LOCAL REPORT NUMBER

| 971E.)                                | 20 <del>-0</del> 0113-02   |  |  |  |  |   | 2 0 2 4 -   | $0_{\perp}0$            | 0,0,0,5,8,5,9,  |
|---------------------------------------|--|--|--|--|--|---|---|-------------------------|---|
| UNIT #                                | OWNER NAME: LAST, FIRE WHITE, AAR  | ST, MIDDLE (X SAME AS DRIVER) RON, MICHAI  | EL   | Re   | dacted per                                   | ORC 149.43(A)(1)  |   |                         | MAGE<br>Ge Scale  |
| OWNER AD                              | DRESS: STREET, CITY, STATE   | E, ZIP (X SAME AS DRIVER)  | 5.7-71 July 2.771 5-00/7-00/2  | Į L  |  |   | 4 1-NONE  |                         | 3 - FUNCTIONAL DAMAGE   |
|                                       | CIAL CARRIER: NAME, ADDR   | Franklin Twp,  | ОН 44240   | Cor  | MMERCIAL CARRIER                             | PHONE: INCLUDE AREA CODE  | 2 - MINOR D   |                         | 4 - DISABLING DAMAGE<br>KNOWN   |
|                                       |  | 3000.50.59   |  | ш  | 111  |   |   |                         | ED AREA(S)<br>LL THAT APPLY   |
| $\mathbf{O} \mathbf{H}$               | LICENSE PLATE #  KCL6341  NCF INSURANCE COMP   | 1 FALP45   | IDENTIFICATION # $  T_18_1S_1F_11_14_1 $ SURANCE POLICY #  | 4,0,3  | VEHICLE YEAR                                 |   | 11 12 1   | LAIE AI                 | 11 12 1   |
| X INSURAN                             | ERIE ERIE  |  | 027308320  |  | YEL  | MUSTANG   | 10 11 1   | 2                       | 10 11 1 2   |
| СОММЕ                                 | TYPE OF USE  RCIAL GOVERNMENT [  | IN EMERGENCY RESPONSE  | US DOT#  |  | ers Towing                                   | NAME US MATERIAL  | 9 10 2 3  | 3                       | 9 10 2 3  |
| INTERI<br>DEVICE<br>EQUIP             | PED —  | T 0 1  | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  |  | MATERIAL C<br>RELEASED<br>PLACARD            | CLASS # PLACARD ID #  | 7 6 5   | 11 🚾                    | 8 7 6 5   |
| O_1<br>UNITTYPE                       | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) # OF TRAILING UNITS | 9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED<br>BICYCLE<br>11 - ALL TERRAIN VEHICLE<br>(ATV/UTV)     | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNITTRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME                          | 19 - BUS (164<br>20 - OTHER V<br>21 - HEAVY E<br>22 - ANIMAL           |  | 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (AILY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | 10 9  | 11<br>10<br>9<br>8<br>7 | 12<br>1<br>2<br>2<br>3<br>3<br>4<br>5<br>6  |
|                                       | WAS VEHICLE OPERATING IN AU<br>MODE WHEN CRASH OCCURRED<br>1-YES 2-NO 9-OTHER/UNK  | O? O O O O O O O O O O O O O O O O O O   | D - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION   | 4 - HIGH AU<br>5 - FULL AU   | TOMATION                                     | 9 - UNKNOWN   | 10 11 12 1 10 9 3 3   | 3                       | 6 11 12 1<br>10 11 12 2<br>9 9 3  |
| SPECIAL                               | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER  | 7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER                                      | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT  | 16 - FARM<br>17 - MOWING<br>18 - SNOW RI<br>19 - TOWING<br>20 - SAFETY | EMOVAL                                       | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   | 7 6 5   | 12                      | 8 7 6 5 4 4 5 5 4 4 5 5 6 5 5 4 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 6 5 6 5 6 5 6 5 6 6 5 6 6 5 6 |
| $0_1$                                 | 1 - NO CARGO BODYTYPE<br>/NOTAPPLICABLE<br>2 - BUS   | 3 - VEHICLE TOWING ANOTHER<br>MOTOR VEHICLE<br>4 - LOGGING                                       | CHASSIS  | 8 - POLE<br>9 - CARGOTA<br>10 - FLAT BE<br>11 - DUNP                   |  | 12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN   | 9 3 9   |                         | 3 9 3   |
| VEHICLE                               | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | 7 - WORN OR SLICKTIRES<br>B - TRAILER EQUIPMENT<br>DEFECTIVE   | 9 - MOTORT<br>10 - DISABLE<br>ACCIDEN                                  | ED FROM PRIOR                                | 99-OTHER / UNKNOWN  | 6   | 6                       | 6 6   |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT | 1 - INTERSECTION - MARKED<br>CROSSWALK<br>2 - INTERSECTION - UNMARKED<br>CROSSWALK   | 4 - MIDBLOCK - MARKED  | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK  | 10-DRIVEW  |  | 12 - FIRST RESPONDER<br>AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   | □-NO DAMAGE □-TOP [13] □-UN                                   |                         | - UNDERCARRIAGE [14] - ALL AREAS [15] AT SCENE [16]   |
| _5_<br>ACTION                         |  | 2 - BACKING<br>1 3 - CHANGING LANES<br>4 - OVERTAKING/PASSING                                    | 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED INTRAFFIC 12 - DRIVERLESS | 14-ENTERIN<br>SPECIFI<br>15-WALKIN                                     | G, PLAYING                                   | 18-APPROACHING OR LEAVING VEHICLE 19-STANDING 20-OTHER NON-MOTORIST 21-STANDING OUTSIDE DISABLED VEHICLE 99-OTHER / UNKNOWN   | 0 - NO DAMA   | AGE<br>RTOUN<br>RAM     | NT OF CONTACT  14 - UNDERCARRIAGE  NIT 15 - VEHICLE NOT AT SCENE  99 - UNKNOWN  |
| O_1<br>CONTRIBUTING<br>CIRCUMSTANCES  | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED   | 8-FOLLOWING TOO CLOSE/ACDA<br>9-IMPROPER LANE CHANGE<br>10-IMPROPER PASSING<br>11-DROVE OFF ROAD | DADVED DOCITION  | EQUIPM<br>19-LOAD SH<br>SPILLIN  | ING DEFECTIVE<br>ENT<br>IFTING/FALLING/      | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION                          | TRAFFICWAY FLOW  1 - ONE-WAY  2 - TWO-WAY  # of THROUGH LANES | _6                      | TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING                   |
| SEQUENCE                              | 6-IMPROPERTURN OF EVENTS   | 12-IMPROPER BACKING  |  |  |  |   | ON ROAD   |                         | 1 - NOT INVOLVED  |
|                                       | 1 - OVERTURNIROLLOVER<br>2 - FIRE/EXPLOSION  | 7 - SEPARATION OF UNITS  | NON-COLLISION  11-CROSS CENTERLINE — OPPOSITE DIRECTION OF TRAVEL  | 16 - RAILWAY   | - FARW                                       | 22 - WORK ZONE MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY FALLING,  | UNIT / N  | 1<br>0N-M01             | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING  TORIST DIRECTION  |
| 3                                     | 3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT<br>LOSS OR SHIFT   |  | 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE N WITH FIXED OBJECT   |  | - OTHER<br>VEHICLE IN<br>ORT<br>MOTORVEHICLE | SHIFTING CARGOOR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT  | FROM 3 TO   |                         | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN                         |
| 4L                                    | 25-IMPACT ATTENUATOR<br>/CRASH CUSHION<br>26-BRIDGE OVERHEAD<br>STRUCTURE<br>27-BRIDGE PIER ORABUTMENT                                     | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE                                   | 43 - CURB<br>44 - DITCH<br>45 - EMBANK<br>46 - FENCE<br>47 - MAILBOX   |  | 50 - WORK ZONE MAINTENANCE  <br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL  | UNIT SPEED  |                         | DETECTED SPEED  1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR   |
| 1                                     | 28-BRIDGE PARAPET 29-BRIDGE RAIL 30-GUARDRAIL FACE FIRST HARMFILL EVEN   | 35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER BARRIER                                     | 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT  | 48-TREE<br>49-FIRE HY  |  | 54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN   | POSTED SPEED  3 5   |                         | 3 - UNDETERMINED  |
|                                       | LIKS I MAKIMFIIL EVEN  | I - I MOST HA  | AKIVIFUL EVFNT   |  |  |   |   | 1                       |   |

| of Pu               | BLIC SAFETY UNIT                                     |   |   |   |  | The same of the sa | 0, 0, 0, 0, 5, 8, 5, 9,  |
|---------------------|--|---|---|---|--|--|--|
| UNIT#               | OWNER NAME: LAST, FIRE                               | ST, MIDDLE (X SAME AS DRIVER)                             | EN, CHARLES   | OWNER PHONE: INC  | CLUDE AFEA CODE (TRESAMEAS DRIVER)  ORC 149.43(A)(1) |  | DAMAGE   |
| OWNER AD            | DDRESS: STREET, CITY, STATE                          | , ZIP (X SAME AS DRIVER)                                  |   | )   i toddolod poi                                      | 0110 110.10(1)(1)                                    | 1 - NONE   | DAMAGE SCALE 3 - FUNCTIONAL DAMAGE   |
|                     |  |   | OH 44201, lph   |   |  | 2 2-MINORD   |  |
| COMMERC             | CIAL CARRIER: NAME, ADDR                             | RESS, CITY, STATE, ZIP                                    |   | COMMERCIAL CARRIE                                       | R PHONE: INCLUDE AREA CODE                           |  | 9 - UNKNOWN  DAMAGED AREA(S)   |
| LP STATE            | LICENSE PLATE #                                      |   | E IDENTIFICATION #  | VEHICLE YE  |  |  | CATE ALL THAT APPLY  |
|                     | JJY6428  |   | E <sub>1</sub> U <sub>9</sub> ,C <sub>1</sub> F <sub>2</sub> ,9,4,8 |   | _ Cheviolet  | 11 12 1  | 11 12 1  |
| X INSURAN           | INSURANCE COMP<br>ERIE                               | 923   | NSURANCE POLICY #<br>055908532                                      | TAN   | MALIBU   | 10 12  | 2 10 11 1 2  |
| П                   | TYPE OF USE  | IN EMERGENCY  | US DOT #  | TOWED BY: COMPAN  |  | 10 2 -   | 10, 2  |
| COMME               | RCIAL GOVERNMENT                                     | RESPONSE  | HICLE WEIGHT GVWR/GCWR  |   | OUS MATERIAL   | 9 9 3 4 -  | J' '- 10 3 -   |
| INTERL              | LOCK HIT/SKIP UNI                                    | T #UCCUPANTS  | 1 - ≤10KLBS.<br>2 - 10,001 - 26KLBS.                                | ■ RELEASED  | CLASS # PLACARD ID #                                 | 8 7 5  | 4 8 7 5 5  |
| EQUIPE              |  |   | 3 - >26K LBS.   | ☐ PLACARD   |  | 7 6 5  | 11 7 6   |
| 0.1                 | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)     | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED      |   | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS) | 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)  | 10 /   | 11 1 2   |
| UNITTYPE            | 3 - SPORT UTILITY VEHICLE                            | 9 - AUTOCYCLE   |   | 20 - OTHER VEHICLE                                      | 25 - OTHER NON-MOTORIST                              | <u> </u>   | 10 2   |
| 3.000               | 5 - CARGO VAN  | 10 - MOPED OR MOTORIZED<br>BICYCLE                        |   | 21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR       | 26 - BICYCLE<br>27 - TRAIN                           | <u> </u>   | 8 4 3  |
| 00                  | 6 - VAN (9-15 SEATS)                                 | 11 - ALL TERRAIN VEHICLE<br>(ATV / UTV)                   | 17 - MOTORHOME  | ANIMAL-DRAWN VEHICLE                                    | 99 - UNKNOWN OR HIT/SKIP                             | 8  | 7 5 4  |
| _00                 | # of TRAILING UNITS                                  | 5500000000  |   |   |  | 11 12 1  | 7 6 11 12  |
|                     | WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED |   |   | 3 - CONDITIONAL AUTOMATION                              | 9 - UNKNOWN  | 10 11 1  | 2 10 11 1 2  |
| _ 2 _               | 1-YES 2-NO 9-OTHER/UNK                               | 1 0 1   |   | 4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION              |  | 10 2   | 10 2   |
|                     | 1 - NONE   | MODE LEVEL<br>6 - BUS - CHARTER/TOUR                      | 11 - FIRE   | 16-FARM   | 21 - MAIL CARRIER                                    | 9 3 4 -  | 3 9 9 3 4 4  |
| 0.1                 | 2 - TAXI   | 7 - BUS - INTERCITY                                       |   | 17 - MOWING   | 99 - OTHER / UNKNOWN                                 | 8 7 5  | 4 8 7 5  |
|                     | 3 - ELECTRONIC RIDE SHARING                          | 8 - BUS - SHUTTLE<br>9 - BUS - OTHER                      |   | 18-SNOW REMOVAL<br>19-TOWING                            |  | 7 6 5  | 7 6 5  |
| FUNCTION            | 4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER   |   | 15 - CONSTRUCTION EQUIPMENT   |   |  |  | 12 12 12   |
| 0.1                 | 1 - NO CARGO BODY TYPE                               | 3 - VEHICLE TOWING ANOTHER                                |   | 8 - POLE  | 12 - CONCRETE MIXER                                  | 12   |  |
| CARGO               | / NOTAPPLICABLE<br>2 - BUS                           | MOTORVEHICLE 4 - LOGGING                                  | / ALDOOLULUSTIO AASD DAV  | 9 - CARGO TANK<br>10 - FLAT BED                         | 13-AUTOTRANSPORTER<br>14-GARBAGE/REFUSE              | a Ma   |  |
| BODY<br>TYPE        |  |   | 7 004111/0/1700/0041/51   | 11 - DUMP   | 99-OTHER/UNKNOWN                                     | 9 3  | 9 9 3 9 7 3 9 🗯 3  |
| 1 1 1               | 1 - TURN SIGNALS                                     | 4 - BRAKES  | 7 - WORN OR SLICKTIRES  | 9 - MOTOR TROUBLE                                       | 99-OTHER / UNKNOWN                                   | 6  |  |
|                     | 2 - HEAD LAMPS<br>3 - TAIL LAMPS                     | 5 - STEERING<br>6 - TIRE BLOWOUT                          | 8 - TRAILER EQUIPMENT<br>DEFECTIVE                                  | 10-DISABLED FROM PRIOR<br>ACCIDENT                      |  | 715  | 6 6 6  |
|                     |  |   | ( BINGS 51 11)5   |   | 10 51007 0501011050                                  | ☐ - NO DAMAGE  | [0] -UNDERCARRIAGE [14]  |
| T. E. E.            | CROSSWALK  | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED         |   | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS      | 12 - FIRST RESPONDER<br>AT INCIDENT SCENE            | □-TOP [13]   | -ALL AREAS [15]  |
| LOCATION            | 2 - INTERSECTION - UNMARKED<br>CROSSWALK             | CROSSWALK  5 - TRAVEL LANE - OTHER LOCATION               |   | 11-SHARED USE PATHS OR<br>TRAILS                        | 99-OTHER / UNKNOWN                                   | □-UN   | NIT NOT AT SCENE [16]  |
| AT IMPACT           | 1-NON-CONTACT  | 1 - STRAIGHT AHEAD  |   | 13 - NEGOTIATING A CURVE                                | 18-APPROACHING                                       |  | 250A-1 5 5A-5 20 A-1 A-1 S   |
| 4                   | 2 - NON-COLLISION                                    | 2 - BACKING   |   | 14 - ENTERING OR CROSSING                               | OR LEAVING VEHICLE                                   | 0 - NO DAM   | IAL POINT OF CONTACT AGE 14 - UNDERCARRIAGE  |
| ACTION              |  | 3 - CHANGING LANES<br>4 - OVERTAKING/PASSING              | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED                             | SPECIFIED LOCATION<br>15 - WALKING, RUNNING,            | 19-STANDING<br>20-OTHER NON-MOTORIST                 |  | R TO UNIT 15 - VEHICLE NOT AT SCENE  |
| 00-250 40-004-00-00 | 5 - BOTH STRIKING ACTIONS                            | 5 - MAKING RIGHT TURN                                     | 11 - SLOWING OR STOPPED   | JOGGING, PLAYING<br>16 - WORKING                        | 21 - STANDING OUTSIDE<br>DISABLED VEHICLE            | 13-TOP   | 99 - UNKNOWN   |
|                     | & STRUCK<br>9-OTHER/UNKNOWN                          | 6 - MAKING LEFT TURN                                      | INTRACTIO   | 17 - PUSHING VEHICLE                                    | 99 - OTHER / UNKNOWN                                 |  | TRAFFIC  |
|                     |  | 7 - LEFT OF CENTER  | DIDVED DOCUTION   | 17 - VISION OBSTRUCTION                                 | 21 -LYING IN ROADWAY                                 | TRAFFICWAY FLOW  | TRAFFIC CONTROL  |
| 0.1                 | 2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT            | 8 - FOLLOWING TOO CLOSE / ACD<br>9 - IMPROPER LANE CHANGE | A PARKED POSITION<br>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   |
| O_1                 | 4 - RAN STOP SIGN                                    | 10 - IMPROPER PASSING                                     | ILLEGALLY<br>15 - SWERVING TO AVOID                                 | 19-LOAD SHIFTING/FALLING/<br>SPILLING                   | ROADWAY  | 2 2 - TWO-WAY  | 6 2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL  |
| CIRCUMSTANCES       |  | 11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING              |   | 20 - IMPROPER CROSSING                                  | 99 - OTHER IMPROPER ACTION                           | # of THROUGH LANES   | RAIL GRADE CROSSING  |
| SEQUENCE            | OF EVENTS  | AE-IMP NOTER DAVISING                                     |   |   |  | ON ROAD  | 1 - NOT INVOLVED   |
| 2.0                 | 1 - OVERTURN/ROLLOVER                                | 6 - EQUIPMENT FAILURE                                     | NON-COLLISION<br>11-CROSS CENTERLINE —                              | 16-RAILWAY VEHICLE                                      | 22 - WORK ZONE MAINTENANCE                           | _2_  | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING   |
| 1 2 0               | 2 - FIRE/EXPLOSION                                   | 7 - SEPARATION OF UNITS                                   | OPPOSITE DIRECTION OF   | 17 - ANIMAL - FARM                                      | EQUIPMENT  | IINIT / N  | ON-MOTORIST DIRECTION  |
| 2                   | 3 - IMMERSION<br>4 - JACKKNIFE                       | 8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT           | 12 - DOWNHILL RUNAWAY   | 18-ANIMAL — DEER<br>19-ANIMAL — OTHER                   | 23 - STRUCK BY FALLING,<br>SHIFTING CARGOOR          |  | 1 - NORTH 5 - NORTHEAST  |
|                     | 5 - CARGO / EQUIPMENT                                | 10 - CROSS MEDIAN   | 12 OTHER NON COLLICION  | 20 - MOTOR VEHICLE IN<br>TRANSPORT                      | ANYTHING SET IN MOTION<br>BY A MOTOR VEHICLE         | FROM 3 TO  | 2 - SOUTH 6 - NORTHWEST<br>1 4 3 - EAST 7 - SOUTHEAST  |
| 3                   | LOSS OR SHIFT  |   | 15-PEDALCYCLE   | 21 - PARKED MOTOR VEHICLE                               | 24 - OTHER MOVABLE OBJECT                            | FRUM 10  | 4 - WEST 8 - SOUTHWEST   |
| 41                  | 25-IMPACT ATTENUATOR                                 | COLLISIO<br>31-GUARDRAIL END                              | N WITH FIXED OBJECT<br>37-TRAFFIC SIGN POST                         | - STRUCK<br>43-CURB                                     | 50 - WORK ZONE MAINTENANCE                           |  | 9 - OTHER / UNKNOWN  |
| 4                   | / CRASH CUSHION<br>26 - BRIDGE OVERHEAD              | 32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER        |   | 44 - DITCH<br>45 - EMBANKMENT                           | EQUIPMENT<br>51 - WALL                               | UNIT SPEED   | DETECTED SPEED   |
| 5                   | STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT            | 34 - MEDIAN GUARDRAIL                                     | SUPPORT   | 46-FENCE  | 52 - BUILDING  | $\begin{bmatrix} 0_1 & 0_1 & 0_1 \end{bmatrix}$  | 1 - STATED / ESTIMATED SPEED   |
|                     | 28 - BRIDGE PARAPET                                  | BARRIER<br>35 - MEDIAN CONCRETE                           | 41 - OTHER POST, POLE   | 47 - MAILBOX<br>48 - TREE                               | 53 -TUNNEL<br>54 -OTHER FIXED OBJECT                 | POSTED SPEED   | 2 - CALCULATED / EDR<br>3 - UNDETERMINED   |
| 6                   | 29-BRIDGE RAIL<br>30-GUARDRAIL FACE                  | BARRIER<br>36 - MEDIAN OTHER BARRIER                      | OD CHIDDODT   | 49-FIRE HYDRANT   | 99-OTHER / UNKNOWN                                   | - OSIEU SPEED  | The state of the s |
| 1000                |  |   |   |   |  | 2 5  | 1  |

3 5

| OHIO DE                        | EPARTMENT A                   | OTORIST / NO                                     | N_N/                       | loto            | DIC       | <b>-</b>                                |              |  |                       | LOCAL REP                                      | PORT NUMB    | ER                                  |  |
|--------------------------------|-------------------------------|--|----------------------------|-----------------|-----------|---|--------------|--|-----------------------|--|--------------|-------------------------------------|--|
| SAPETY - MEN                   | VICE - PROTECTION             | 0108151 / 140                                    | 14 - IA                    | 1010            | K12       | 1                                       |              |  | 2 0                   | 2 4 - 0 0                                      | 0.0.0        | 5 8 5                               | 5_9  |
| UNIT #                         | NAME: LAST,                   | FIRST, MIDDLE                                    |                            |                 |           |   |              |  |                       | DATE OF BIRTH                                  |              | AGE                                 | GENDER   |
| 0,1                            | BRENN                         | NER, GILLIAN, A                                  | LEX                        | ANDI            | RA        |   |              |  | 0 3                   | 2   8   2   0                                  | <b>0 0</b>   | 2.4                                 | F  |
|                                | : STREET, CITY, ST            |  |                            |                 |           |   |              |  |                       | PHONE - INCLUDE AREA                           |              | 2.42(4)                             | \(\d\)   |
| 0                              |                               | DR ,Kent ,OH 4                                   | 4240                       |                 |           |   |              |  |                       | acted per Of                                   |              |                                     |  |
|                                | TAKEN                         | EMS AGENCY (NAME)                                |                            | INJURED         | TAKEN TO  | MEDICAL FACILITY                        | (NAME, CITY) | USED                                   | Прот-с∘               | SEATING POSITIO                                | N AIR BAG US | AGE EJECTION                        | N TRAPPED  |
| 2 5                            | BY L                          |  |                            |                 |           |   |              | 0_4_                                   |                       | LMET 0 1                                       | 1            | _1_                                 | <u> </u>   |
| OLSTATE                        |                               | ICENSE NUMBER<br>TED PER ORC 450                 | 1.1-12                     |                 | SE CHAI   | 100 T                                   | LOCAL        | OFFENSE DESC                           |                       |  |              | N NUMBER                            |  |
| O, H                           | ı                             | -  |                            | 4311            |           |   |              | Assured Clea                           |                       | COHOL TEST                                     | 26598        | S<br>RUG TEST(S                     | (2)  |
| OL CLASS                       | SELECT UP TO 2                | RESTRICTION SELECT                               |                            | TRACTED         | _         | CHOL / DRUG SUSP                        | RIJUANA      | CONDITION                              | STATUS T              |  | STATUS T     |                                     | LT SELECTUPTO4   |
| 4                              | ال ال                         |  | ۔ اب                       | 7               | =         | THER DRUG                               |              | 1                                      | 1                     | 1  | 1            | 1                                   |  |
| UNIT #                         | NAME: LAST,                   | FIRST, MIDDLE                                    |                            |                 |           |   |              |  |                       | DATE OF BIRTH                                  |              | AGE                                 | GENDER   |
| 0,2                            | WHITI                         | E, AARON, MICI                                   | HAEL                       |                 |           |   |              |  | $\lfloor 0 \rfloor 1$ | 1 9 1 9  | 8 4          | 4.0                                 | M  |
| ADDRESS                        | : STREET, CITY, ST            | ATE, ZIP   |                            |                 |           |   |              |  | CONTACT               | PHONE - INCLUDE AREA                           | CODE         |                                     |  |
| 6604                           | JONES A                       | WE ,Franklin Tw                                  | р,ОН                       | 4424            | 0         |   |              |  | Red                   | acted per (                                    | DRC 1        | 49.43                               | $(A)(1)_{1}$   |
| INJURIES                       | TAKEN                         | EMS AGENCY (NAME)                                |                            | INJURED         | TAKEN TO  | MEDICAL FACILITY                        | (NAME, CITY) | SAFETY EQUIPMENT                       | DOT-C:                | SEATING POSITIO                                | N AIR BAG US | AGE EJECTION                        | N TRAPPED  |
| 2                              | BY 2                          | Kent Fire  |                            | UHP             | PMC       |   |              | 0 4                                    | <b>Шмс</b> не         |  | 11_          |                                     | _1_  |
| OL STATE                       |                               | ICENSE NUMBER<br>FED PER ORC 450                 | 1.1 12                     | OFFEN           | SE CHAI   | RGED                                    | LOCAL        | OFFENSE DESC                           | RIPTION               | •  | CITATIO      | N NUMBER                            |  |
| OH                             | REDACI                        | IED PER ORC 450                                  | 1.1-12                     |                 |           |   |              |  |                       |  |              |                                     |  |
| OL CLASS                       | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT                               |                            | VER<br>TRACTED  | _         | HOL / DRUG SUSP                         |              | CONDITION                              | STATUS T              | YPE VALUE                                      |              | RUG TEST(S                          | LT SELECTUPTO4   |
| . 4                            |                               |  | BY                         | 1               | =         | LCOHOL   MA<br>THER DRUG                | RIJUANA      | . 1 .                                  | 1                     | 1  | 1            | 1                                   |  |
| UNIT#                          | NAME: LAST, I                 | FIRST, MIDDLE                                    |                            |                 | υ         | THER BROG                               |              |  |                       | DATE OF BIRTH                                  |              | AGE                                 | GENDER   |
| 0 3                            | SONGENE TO CONTRACTO          | IDBAUER, STEE                                    | HEN.                       | СНА             | RLI       | ES                                      |              |  | . 1 . 0               | 0.7.1.9  | 5.9          | 6.4                                 | M  |
|                                | STREET, CITY, ST              |  | 11211,                     | 01111           |           |   |              |  |                       | PHONE - INCLUDE AREA O                         |              | 0 1                                 |  |
| 3813                           | MAPLE                         | VIEW TRL ,Ran                                    | dolph .                    | ОН 4            | 4201      | L                                       |              |  | Reda                  | acted per O                                    | RC 14        | 9.43(4                              | ١)(1)  |
| 0                              | INJURED                       | EMS AGENCY (NAME)                                |                            | _               | 1 10 0000 | MEDICAL FACILITY                        | (NAME, CITY) |  | DOT-C:                | SEATING POSITIO                                | N AIR BAG US | AGE EJECTION                        | N TRAPPED  |
| 5 5                            | TAKEN                         |  |                            |                 |           |   |              | USED 0 4                               | MC HE                 |  | 11_          | 11                                  | _ 1 _  |
| OL STATE                       |                               | ICENSE NUMBER                                    |                            | OFFEN           | SE CHAI   | RGED                                    | LOCAL        | OFFENSE DESC                           | RIPTION               |  | CITATIO      | N NUMBER                            |  |
| OH                             | REDAC                         | TED PER ORC 450                                  | 1:1-12                     |                 |           |   |              |  |                       |  |              |                                     |  |
| ≥ OL CLASS                     | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT                               | DIST                       | VER<br>TRACTED  |           | HOL / DRUG SUSP                         |              | CONDITION                              | STATUS T              | YPE VALUE                                      |              | RUG TEST(S<br>YPE RESUL             | S)<br>LT selectopio4   |
| 4                              |                               | l  | BY                         | 1 .             | =         | LCOHOL MA THER DRUG                     | RIJUANA      | 1 .                                    | 1                     | 1  | 1            | 1                                   |  |
|                                | URIES                         | SEATING POSITION                                 | A                          | IR BAG          |           | OL CLAS                                 | s            | OL RESTRIC                             |                       | DRIVER DISTRAC                                 |              | TEST STA                            | ATUS   |
| 1 - FATAL                      |                               | 1 - FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)     | 1-NOTDEP                   |                 |           | 1 - CLASS A                             |              | 1 - ALCOHOL INTER                      |                       | 1 - NOT DISTRACTED                             |              | NONE GIVEN                          |  |
|                                | SERIOUS INJURY MINOR INJURY   | 2 - FRONT - MIDDLE                               | 2 - DEPLOYE<br>3 - DEPLOYE |                 |           | 2 - CLASS B<br>3 - CLASS C              |              | 2 - CDL INTRASTAT<br>3 - CORRECTIVE LE |                       | 2 - MANUALLY OPERATIN<br>ELECTRONIC COMMUN     | DICATION 3.  | TEST REFUSED TEST GIVEN, CON        |  |
| 4 - POSSIBLE IN                |                               | 3 - FRONT - RIGHT SIDE                           | 4 - DEPLOYE                |                 | NT / SIDE | 4 - REGULAR CLASS                       |              | 4 - FARM WAIVER                        |                       | DEVICE (TEXTING, TY)                           | PING,        | SAMPLE / UNUS                       | SABLE  |
| 5 - NO APPAREN                 | NT INJURY                     | 4 - SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER) | 5-NOTAPP                   |                 | 114/84    | (OHIO = D)<br>5 - M/C MOPED ONLY        |              | 5 - EXCEPT CLASS                       |                       | 3 - TALKING ON HANDS-FI<br>COMMUNICATION DEV   | REE          | TEST GIVEN, RES                     |  |
| INJURED                        | TAKEN BY                      | 5 - SECOND - MIDDLE                              | 9- DEPLOYI                 | MENT UNKN       | ) WN      | 6 - NO VALID OL                         |              | 6 - EXCEPT CLASS<br>& CLASS B BUS      | A                     | 4 - TALKING ON HAND-HE                         | LD           | UNKNOWN                             |  |
| 1 - NOT TRANSP<br>/TREATED A   |                               | 6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE | Ed                         | ECTION          |           | OL ENDORSE                              | MENT         | 7 - EXCEPT TRACTO                      |                       | 5 - OTHER ACTIVITY WITH                        | (6) (6) A    | LCOHOL TE                           | ST TYPE  |
| 2 - EMS                        | II OOLIIL                     | (MOTORCYCLE SIDE CAR)                            | 1 NOTEJE                   |                 |           | H - HAZMAT                              | -            | 8 - INTERMEDIATE<br>RESTRICTIONS       | LICENSE               | ELECTRONIC DEVICE                              | 1-           | NONE                                |  |
| 3 - POLICE                     |                               | 8 - THIRD - MIDDLE                               | 2 - PARTIAL                | LY EJECTED      |           | M - MOTORCYCLE                          |              | 9 - LEARNER'S PER                      | RMIT                  | 6 - PASSENGER                                  |              | BLOOD<br>URINE                      |  |
| 9 - OTHER / UNI                | KNOWN                         | 9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION   | 3-TOTALLY                  |                 |           | P - PASSENGER                           |              | RESTRICTIONS<br>10 - LIMITED TO DAY    | LIGHT ONLY            | 7 - OTHER DISTRACTION<br>INSIDE THE VEHICLE    |              | BREATH                              |  |
| SAFETY E                       | QUIPMENT                      | OF TRUCK CAB                                     | 4-NOTAPP                   | LICABLE         |           | N - TANKER Q - MOTOR SCOOTER            |              | 11 - LIMITED TO EM                     | PLOYMENT              | 8 - OTHER DISTRACTION (                        | OUTSIDE 5 -  | OTHER                               |  |
| 1 - NONE USED                  |                               | 11 - PASSENGER IN OTHER<br>ENCLOSED CARGO AREA   |                            | RAPPED          |           | R - THREE-WHEEL M                       | TORCYCLE     | 12 - LIMITED - OTHE                    |                       | 9 - OTHER / UNKNOWN                            |              | DRUG TEST                           | TTYPE  |
| 3 - LAP BELT OF                | BELT ONLY USED<br>NLY USED    | (NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP)    | 1 - NOTTRAI<br>2 - EXTRICA |                 |           | S - SCHOOL BUS                          | TRAIL FRO    | 13 - MECHANICAL DI<br>(SPECIAL BRAK    | ES, HAND              | CONDITION                                      | 10000        | NONE                                |  |
|                                | & LAP BELT USED               | 12 - PASSENGER IN UNENCLOSED                     | MECHAN                     | ICAL MEANS      | 5         | T - DOUBLE & TRIPLE X - TANKER / HAZMAT |              | CONTROLS, OR O<br>ADAPTIVE DEVI        |                       | 1 - APPARENTLY NORMAL                          |              | BLOOD                               |  |
| 5 - CHILD REST<br>FORWARD F    | TRAINT SYSTEM -               | CARGO AREA  13 - TRAILING UNIT                   | 3- FREED B<br>NON-MEG      | Y<br>Chanical M | EANS      |   |              | 14 - MILITARY VEHI                     |                       | 2 - PHYSICAL IMPAIRMEN                         | -            | URINE<br>OTHER                      |  |
| 6 - CHILD REST                 | TRAINT SYSTEM -               | 14 - RIDING ON VEHICLE EXTERIOR                  |                            |                 |           | F-FEMALE                                |              | 15 - MOTOR VEHICLE<br>AIR BRAKES       | S WITHOUT             | 3 - EMOTIONAL (E.G., DEPR<br>ANGRY, DISTURBED) | ESSED,       | RUG TEST RI                         | ESULT(S)   |
| REAR FACIN<br>7 - BOOSTER SE   |                               | (NON-TRAILING UNIT)  15 - NON-MOTORIST           |                            |                 |           | M - MALE                                |              | 16-OUTSIDE MIRRO                       |                       | 4 - ILLNESS                                    | A 1 1 200 Au | AMPHETAMINES                        |  |
| 8 - HELMET US                  |                               | 99 - OTHER / UNKNOWN                             |                            |                 |           | U -OTHER / UNKNOWN                      |              | 17 - PROSTHETIC AII                    | D                     | 5 - FELL ASLEEP, FAINTED<br>FATIGUED, ETC.     |              | BARBITURATES                        |  |
| 9 - PROTECTIVE                 | E PADS USED                   |  |                            |                 |           |   |              | 18-OTHER                               |                       | 6 - UNDERTHE INFLUENC                          | E A          | BENZODIAZEPIN<br>CANNABINOIDS       |  |
| 10 - REFLECTIVE                | EEC ETC)                      |  |                            |                 |           |   |              |  |                       | OF MEDICATIONS / DRU                           | IEC 4.       |                                     | CHARLES OF THE PARTY OF THE PAR |
|                                | EES, ETC.)<br>E CLOTHING      |  |                            |                 |           |   |              |  |                       | /ALCOHOL                                       |              | COCAINE                             |  |
| 11 - LIGHTING -<br>/ BICYCLE 0 | E CLOTHING<br>PEDESTRIAN      |  |                            |                 |           |   |              |  |                       |  | 5 -<br>6 -   | COCAINE<br>OPIATES / OPIOI<br>OTHER | IDS  |

HSY8306 OH1M 1/19 [760-1500]



# TRAFFIC CRASH WITNESS STATEMENT

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH     |
|---------------------|------------------|-------------------|
| 24- 5859            | Kent PD          | M 4   D 24   Y 24 |

## FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

| TOR LOCAL USE ONLY - BO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES                          |
|---|
| I, GILLIAM Brinted HEREBY MAKE THIS VOLUNTARY STATEMENT TO  |
| H: 1 broner 237  OFFICER'S NAME    Pulled out of my neighborhood (Fieldstone Dv.) on to fairchild |
| Pulled out of my neighborhood (Fieldstone Dr.) on to fairchild                                    |
| behind the yellow mustang and then a truck started to pull out                                    |
| Of the Kent Health cave & Renas SO the car in front of  |
| the mustang slammed their breaks, the mustang slammed   |
| theirs and I did not react in time to stop my car   |
| before I rear-ended the car in front of me  |
| Deliver the work of the way   |
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|   |
|   |
|   |
| 918 Admore Dr. Kent OH 94240 ADDRESS OF WITNESS   |
| Redacted per ORC 149.43(A)(1)   |
| X A Olivere 237   |



### TRAFFIC CRASH WITNESS STATEMENT

|                     |                  | y ·           |
|---------------------|------------------|---------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
| 24-5859             | Kent PD          | MOY 1029 124  |

#### FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

| I, Stephen C Schmidbauer HEREBY MAKE THIS VOLUNTARY STATEMENT TO  |
|---|
| H. I bruner 237 OFFICER'S NAME  HEREBY MAKE THIS VOLUNTARY STATEMENT TO  AT Kunt Healthcaret Rehab LOCATION   |
| A T was waiting to make a left hand turn, for struck to   |
| I was waiting to make a left hand turn, for struck to the into my place of employment, Kunt Healthcare and Rehab.  I was struck from behind by a yellow mustang,  which had been struck behind by a white SUV.  It was approximately 7:55 AM. |
| which had been struck behind by a white SUV.  |
| It was approximately 7:55 AM.   |
|   |
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|   |
|   |
|   |
| ADDRESS OF WITNESS  3813 Mapericulty Atwater OH 44261 PHONE Redacted per ORC 149.43(A SIGNATURE OF WITNESS  |
| SIGNATURE OF WITNESS OFFICER'S SIGNATURE  X 200 Number 237  |