OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*					
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION								2,0,2,1,-,0,0,0,2,1,1,9,1,						
SECONDARY CRASH	X 0H-1P		REPORTING AGE				NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	NITS UNIT IN ERROR				
	City of Ke		ee	<u>_0</u>	6 7 0 3	2 - UNSOLVED		U 1 99 - UNKNOWN						
COUNTY* LOCALITY*			VILLAGE, TOWNSHII	p <b>*</b>				CRASH DATE /1		CRASH SEVERITY  1 - FATAL				
3-1	TOWNSHIP		ADATION DOAD	NAME.			T	11213112101211		2 - SERIOUS INJURY SUSPECTED				
S D	ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH LOCATION ROAD NAME S - SOUTH E - EAST 2.4							ROAD TYPE LATITUDE DECIMAL DEGREES						
	W WEST							[4:1].1:3:5:		3 - MINOR INJURY SUSPECTED				
ROUTE TYPE ROUTE NU	ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST MOGADORE						ROAD TYPE	LONGITUDE DE	ECIMAL DEGREES	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE				
	<u> </u>	-WEST					R D	[8 <sub>1</sub> 1 <sub>10</sub> [3;7 <sub>1</sub> 3]	5   6   7	ONLY				
REFERENCE POINT  1 - INTERSECTION	DIRECTION FROM REFERENCE N - NOR	TH IR - I	ROUTE TYPE INTERSTATE ROU		AL - ALLEY	ROAD TYPE HW-HIGHWAY	RD - ROAD	FET	INTERSECTION RI					
2 - MILE POST 3 - HOUSE #	S-SOUT	H US-F	EDERAL US ROU	16	AV - AVENUE		SQ - SQUARE		WITHIN INTERSECTION OR ON APPROACH					
	W-WES	SR-S	STATE ROUTE		BL -BOULEVARD CR - CIRCLE		ST - STREET TE - TERRACE	X WITHIN INTE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILE	broadto	NUMBERED COUN NUMBERED TOWN	TY ROUTE	CT - COURT	PK - PARKWAY	TL -TRAIL		ROADWAY	,				
	2-FEET		ROUTE		DR - DRIVE HE - HEIGHTS	PI - PIKE PL - PLACE	WA - WAY	ROADWAY DIV	ROADWAY DIVIDED					
LOCATIO	N OF FIRST HARMI					H COLLISION/IMP	ACT	DIRECTION OF TRAVE		APDIAN TYPE				
1 - ON ROADWA	Y 9-C	ROSSOVER		1 - NO	OT COLLISION	4 - REAR-TO-REAR	101	N - NORTH	1	MEDIAN TYPE IDED FLUSH MEDIAN				
0 1 2-ON SHOULDI			ALLEY ACCESS ADE CROSSING	, 6 , T	WO MOTOR	5 - BACKING 6 - ANGLE		S-SOUTH	1 1	FEET ) IDED FLUSH MEDIAN				
4 - ON ROADSID		HARED USE	E PATHS OR	TI	RANSPORT	7 - SIDESWIPE, SAN		E - EAST W - WEST	(≥4	FEET)				
5 - ON GORE 6 - OUTSIDE TR	10.0	IKE LANE				8 - SIDESWIPE, OPP 9 - OTHER / UNKNO			4 - DIV	IDED, DEPRESSED MEDIAN IDED, RAISED MEDIAN				
7 - ON RAMP B - OFF RAMP		OLL BOOTH THER/UNK	(NOWN						1	Y TYPE) ER/UNKNOWN				
			WORK ZONE TYP	)F	1.004774	N 05 00 400 10 10	2011 ZONE	CONTOUR	CONDITION					
WORK ZONE RELAT	TED	1-L	ANE CLOSURE	· E		ON OF CRASH IN W - BEFORE THE 1ST								
WORKERS PRESEN	VT		ANE SHIFT/CROS		,	WARNING SIGN - ADVANCE WARNI	NG ARFA	1 - STRAIGHT LEVEL	1-DRY	1 - CONCRETE				
LAW ENFORCEMEN	NT PRESENT L	- 0	/ORK ON SHOULD R MEDIAN		3 لــــا	-TRANSITION ARE			2-WET	2 - BLACKTOP,				
ACTIVE SCHOOL ZO	ONE		NTERMITTENT OF THER	MOVING WO	1	- ACTIVITY AREA - TERMINATION AF	REA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT				
LIGHT	CONDITION							4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK				
1 - DAYLIGHT	ONDITION		1 - CLE	WEAT EAR	6-SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DI OIL, GRAVEL	RT, 4 - SLAG, GRAVEL, STONE				
3 2- DAWN/DUSK			0 1 2-CLC			CROSSWINDS			6 - WATER (STAND					
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED 4 - RAIN						NG RAIN OR FREEZ			9 - OTHER/UNKNOWN					
5 - DARK – UNK 9 - OTHER / UNK	NOWN ROADWAY I	IGHTING	5 - SLE	EET, HAIL	99 - OTHER	/ UNKNOWN			9 - OTHER/UNKNO	wn				
										^				
NARRATIVE									<	Indicate the north direction with				
UNIT 2 WAS T	ΓRAVELI	NG SB	ON MOC	GADOR	E RD					an "N" on the compass diagram.				
CROSSING	OVER TH	E INT	ERSECT	ION. UI	NIT 1				Lanca Control					
WAS TRAVE	LING NR	ON M	OGADOI	RERD										
CROSSING					D	1								
ATTEMPTIN						-		DE SECOND	Î					
							S.R. 261							
ONTO SR 26					O				e					
YIELD TO U	NIT 2 AN	D STR	UCK UN	IT 2 AT										
AN ANGLE.	THE DRI	VER C	F UNIT 1	WAS				45 4						
THEN FOUN	D TO BE	UNDF	RTHEI	NFLUE	NCE	1			NOT TO BOALK					
OF ALCOHO						-		1   1						
	***					-								
ON SFST'S. I						DRIVE STATE STATE								
CRASH REPORTED I			ISPATCH DATE /1			RIVAL DATE / TIMI		SCENE CLEARED I		REPORT TAKEN BY  POLICE AGENCY				
1 2 3 1 2 0 2 1					1,2,3,1				1   /   1   8   4   6	MOTORIST				
	TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES MOORE, Matthew J						Gavdosh, Rvan							
					BADGE NUMBER			BY OFFICER'S BADGE N	IUMBER*	(CORRECTION on ADDITION TO AN EXISTING REPORT SENT TO COPS)				
0,7,6,0	2 0	<b>0 9</b> ;	4 2	5 2	1 1		2 1	3						



2,0,2,1,-,0,0,0,2,1,1,9,1, OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER) OWNED DHOME - THE WHITE AREA PRINTE A POPULAR AS DESIGNATION OF THE PARTY AS DESIGNATI DAMAGE 0 | 1 | BROWN, ANNETTE, A DAMAGE SCALE DWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 1323 BRANDON AVE ,Akron ,OH 44305 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE OH FYF6907  $1_1G_11_1Z_1C_15_1E_11_13_1B_1F_13_12_13_13_13_15$ 2 | 0 | 1 | 1 | Chevrolet INSURANCE COMPANY INSURANCE VERIFIED **INSURANCE POLICY #** COLOR VEHICLE MODEL ALLSTATE 992-250-526 IMPALA MAR TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE City Service HAZARDOUS MATERIAL **VEHICLE WEIGHT GVWR/GCWR** #DCCUPANTS INTERLOCK MATERIAL CLASS # PLACARD ID # 1 - ≤10K LBS, 2 - 10,001 - 26K LBS. HIT/SKIP UNIT RELEASED DEVICE PLACARD 0 | 2 J 3 - >26K LBS. 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24-WHEELCHAIR (ANY TYPE) 0 1 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 FOUIPMENT 22 - ANIMAL WITH RIDER OR 27 -TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) 00 # of TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION 2 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16.FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12-MILITARY 17 - MOWING 99 - OTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 12 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12-CONCRETE MIXER 0 1 CARGO I NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14 - GARBAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL TYPE 11 - DUMP 99 - OTHER / UNKNOWN 0 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING B - TRAILER FOUIPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT - 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 -TOP [ 13] 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS □-ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE [16] TRAILS AT IMPACT 1 - STRAIGHT AHEAD 1 - NON-CONTACT 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING B - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 0 - NO DAMAGE 14 - UNDERCARRIAGE 3 0 6 3 - CHANGING LANES SPECIFIED LOCATION 19-STANDING \_ 3 - STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 1 1 2 1 10-PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13-TOP 16 - WORKING DISABLED VEHICLE & STRUCK IN TRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS 1-NONE 13-IMPROPER START FROM A 7-LEFT OF CENTER 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 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE EQUIPMENT 23-OPENING DOOR INTO 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN 10 | 2 | ILLEGALLY 2 3-FLASHER 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 15 - SWERVING TO AVOID 6 - NO CONTROL CONTRIBUTING 5 - UNSAFE SPEED SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IN PROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 NON-COLLISION 3 - INVOLVED-PASSIVE CROSSING 1 - OVERTURN/ROLLOVER 6 - FOULPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAIL WAY VEHICLE 22 - WORK ZONE MAINTENANCE 1 2 0 OPPOSITE DIRECTION OF EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM TRAVEL 23-STRUCK BY FALLING. **UNIT / NON-MOTORIST DIRECTION** 18-ANIMAL - DEER 3 - IMMERSION B - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION ANYTHING SET IN MOTION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT 10-CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 2 TO 4 7 - SOUTHEAST 3 - EAST LOSS OR SHIFT 24-OTHER MOVABLE CBJECT 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 50 - WORK ZONE MAINTENANCE 43 - CURB / CRASH CUSHION EQU!PMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52 - BUILDING 34 - MEDIAN GUARDRAIL 46-FENCE 0 2 5 27 - BRIDGE PIER OR ABUTMENT BARRIER 40 - UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED POSTED SPEED 29 - BRIDGE RAIL BARRIER OR SUPPORT 99-OTHER / UNKNOWN 49-FIRE HYDRANT 36 - MEDIAN OTHER BARRIER 42 - CULVERT 30 - GUARDRAIL FACE , 3 , 5 , MOST HARMFUL EVENT ☐ FIRST HARMFUL EVENT

**LOCAL REPORT NUMBER** 



LOCAL REPORT NUMBER

2,0,2,1,-,0,0,0,2,1,1,9,1,

DAMAGE

		OWNER NAME: LAST, FIRS			OWN	ER PHONE: INCL	DE AREA CODE (TY) SAME AS DRIVER)	DAMAGE					
E E	<del></del>	SATTERFIELD, MI						DAMAGE SCALE					
Z		DRESS: STREET, CITY, STATE,						1 - NONE 3 - FUNCTIONAL DAMAGE					
NAO		E ST ,Kent ,OH 4424						L 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN					
	Chumeko	IAL CARRIER: NAME, ADDR	ESS, CITY, STATE, ZIP		Co	MMERCIAL CARRIER	PHONE: INCLUDE AREA CODE						
H	10.07475	LIGHT DI ATE #	l venue				<u> </u>	DAMAGED AREA(S) [NDICATE ALL THAT APPLY					
	O, H	LICENSE PLATE # JLC1908		E IDENTIFICATION # $G_{ m I}{f X}_{ m I}{f 8}_{ m I}{f F}_{ m I}{f U}_{ m I}{f A}_{ m I}{f 0}_{ m I}{f 5}_{ m I}{f 7}_{ m I}$	1.5.9.	VEHICLE YEA							
ŀ		T		NSURANCE POLICY #	1010	COLOR	VEHICLE MODEL	0 12		11 12			
	INSURAN VERIFIE	STATEFARM		78-6550-F04-35B		ORG	ESCAPE	0 11 1	2	10 12 2			
		TYPE OF USE		US DOT #	Tow	ED BY: COMPANY	NAME	10 2	1	10000			
	COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	1 1 1 1 1		kers Towing		9 9 3	3	9 9 3 3			
	INTEDI	UCK		HICLE WEIGHT GVWR/GCWR			US MATERIAL :LASS # PLACARD ID #	- 00 -	1	- · · · ·			
	DEVICE	HIT/SKIP UNIT		1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	ㅣ片	RELEASED	LASS W FLACARDID W	Y	4	V V			
				3 - >26K LBS		PLACARD L		7 5	11	12 7 5			
			7 - MOTORCYCLE 2-WHEELED			IVERY VEHICLE)	23 - PEDESTRIAN / SKATER			2			
		2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MUTURCYCLE 3-WHEELED 9 - AUTOCYCLE		19-BUS (16 20-OTHER\	+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10/	11	7			
	UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED			EQUIPMENT	26-BICYCLE	9	9	3 3			
		5 - CARGO VAN	BICYCLE			WITH RIDER OR	27 -TRAIN	<del>-</del>	. 0				
ls.F		6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL	-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	1	5 /4			
GL	00	# OF TRAILING UNITS	unrewitt					12	V	5 12			
VEHICL		WAS VEHICLE OPERATING IN AUT	ronomous	0 - NO AUTOMATION	ידומאחן - 3	ONAL AUTOMATION	9 - UNKNOWN	11 12	6	11 12			
>	2	MODE WHEN CRASH OCCURRED			4 - HIGH AU		· - SHUMOTH	10 11 1	2	10 1 1 2			
	2	1-YES 2-NO 9-OTHER/UNKN	~~~~	O DADTIAL AUTOMATION	5 - FULL AU			- 10 2 -	1.	10 2			
		1 NAME	MODE LEVEL 6 - BUS - CHARTER/TOUR	11 FIRE	1/ [****		OT MAIL CARRIER	9 9 3	J	9 9 3 3			
			7 - EUS - INTERCITY		LG - FARM L7 - MOWING		21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5	4	C/H H, 7.1			
	0 1	3 - ELECTRONIC RIDE SHARING				EMOVAL	77-01 IER JURNOWN						
			9 - BUS - OTHER		19 - TOWING			8		6			
		5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20-SAFETY	SERVICE PATROL			12	12 12			
					B - POLE		12-CONCRETE MIXER	12	ļ				
	CARGO	/ NOT APPLICABLE 2 - BUS	MOTOR VEHICLE		9 - CARGOT		13 - AUTO TRANSPORTER	9.0	A				
	BODY	2 - 503	4 - LOGGING	T CRAMMOUTHCHE BANCI	10-FLAT BE	D	14-GARBAGE/REFUSE	· ( )	ء ر	3 9 7 3 9 🐯 3			
	TYPE	1			11-DUMP		99-OTHER/UNKNOWN	0	4	O			
			4 - BRAKES		9 - MOTOR 1		99-OTHER / UNKNOWN	6	,	©			
	DEFECTS		5 - STEERING 6 - Tire blowout	8 - TRAILER EQUIPMENT DEFECTIVE	ACCIDE:	ED FROM PRIOR NT			6	6 6			
			11.710.2					- NO DAMAGE	101	UNDERCARRIAGE [14]			
		CROCCULAL IZ	3 - INTERSECTION - OTHER			CROSSING ISLAND	12-FIRST RESPONDER AT INCIDENT SCENE	□ *** (10.1		□			
	NON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK			AY ACCESS USE PATHS OR	99 - OTHER / UNKNOWN	□-TOP [13]		-ALL AREAS [15]			
	AT IMPACT	CROSSWALK	5 -TRAVEL LANE-OTHER LOCATIO		TRAILS			☐ - UN	IIT NOT A	AT SCENE [16]			
		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTI	ATING A CURVE	18-APPROACHING	INIT	TAL DATA	T OF CONTACT			
1	. 4 .		2 - BACKING			NG OR CROSSING	OR LEAVING VEHICLE	0 - NO DAM		14 - UNDERCARRIAGE			
	ACTION		3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE		IED LOCATION IG, RUNNING,	19 - STANDING 20 - OTHER NON-MOTORIST			T 15-VEHICLE NOT AT SCENE			
	AUTION	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED		G, PLAYING	21 - STANDING OUTSIDE	DIAG	RAM	99 - UNKNOWN			
		A DESCRIPTION	6 - MAKING LEFT TURN	INTRAFFIC 16-			DISABLED VEHICLE	13 - TOP					
		9 - OTHER / UNKNOWN		12 - DRIVERLESS	17 - PUSHIN	IG VEHICLE	99 - OTHER / UNKNOWN		TRA	FFIC			
			7-LEFT OF CENTER	DARWED BACKERON		OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL			
			8 - FOLLOWING TOO CLOSE / ACC 9 - IMPROPER LANE CHANGE	14-STOPPED OR PARKED	18-OPERAT EQUIPN	ING DEFECTIVE SENT	22 - NOT DISCERNIBLE	1 - ONE-WAY		1 - ROUNDABOUT 4 - STOP SIGN			
	0 1	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY		HIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	_ 2	2 - SIGNAL 5 - YIELD SIGN			
(S	CONTRIBUTING		11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - Wrong Way	SPILLIN		99-OTHER IMPROPER ACTION			3 - FLASHER 6 - NO CONTROL			
) L	UNOVENJINIOC3	6 - IMPROPER TURN	12 - IMPROPER BACKING	10 - WHONE WAY	20 - IN PROP	PER CROSSING		# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING			
EVENT(s	SEQUENCE	OF EVENTS							1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING			
ώ.		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWA	A AERICI E	22 - WORK ZONE MAINTENANCE	_2_	1	3 - INVOLVED-PASSIVE CROSSING			
	1 2 0		7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL		EQUIPMENT						
			8 - RAN OFF ROAD RIGHT	TRAVEL	18-ANIMAL	- DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / N	ON-MOTO	DRIST DIRECTION			
	2		9 - RAN OFF ROAD LEFT	12 OTHER NON COLLISION	19 - ANIMAL	. — OTKER Vehicle in	ANYTHING SET IN MOTION			1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN	TRANSF		BY A MOTOR VEHICLE 24 - OTHER MOVABLE GBJECT	FROM 1 TO	_2_	3 - EAST 7 - SOUTHEAST			
	3					MOTOR VEHICLE				4 - WEST 8 - SOUTHWEST			
		25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAÎL END	N WITH FIXED OBJECT 37-TRAFFIC SIGN POST	- STR ( 43-CURB	JCK	50 - WORK ZONE MAINTENANCE			9 - OTHER / UNKNOWN			
	4	/ CRASH CUSHION	32 - PORTABLE BARRIER		44 - DITCH		EQUIPMENT	UNIT SPEED		DETECTED SPEED			
		CTDIICTIIDC	33 - MEDIAN CABLE BARRIER	CUDBART	45 - EMBAN	KMENT	51 - WALL			1 - STATED / ESTIMATED SPEED			
	5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	AO LITH ITY BOLE	46 - FENCE 52 - BUILDI 47 - MAILBOX 53 - TUNNE		53 - TUNNEL	0   3   5	ι	2 - CALCULATED / EDR			
			35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	48 - TREE		54-OTHER FIXED OBJECT	POSTED SPEED	$\dashv$	3 - UNDETERMINED			
	6[]	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	OR SUPPORT 42 - CULVERT	49 - FIRE HY	YDRANT	99-OTHER / UNKNOWN	. OSIEU SPEED					
	1 1	FIRST HARMEIN EVEN	1	ADMEIII EVENT				3 5					

OHIO DE	OHIO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER						
MAININIA AND AND AND AND AND AND AND AND AND AN								2,0,2,1,-,0,0,0,2,1,1,9,1,						
UNIT#									DATE OF BIRTH AGE GENDER					
0,1	BROW	N, ANNETTE, A							0 5 / 2 7 / 1 9 6 7 5 A F					
	: STREET, CITY, S	•							CONTACT PHONE - INCLUDE AREA CODE					
Ö		ON AVE ,Akron ,	OH 44	305					L					
<b>E</b>	TAKEN	EMS AGENCY (NAME)	AKEN TO:	D: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT SEATING POSITION AIR S							
_	BY 1 Kent Fire							0,4				2 1 1		
OL STATE					E CHAR	GED	LOCAL C <u>ode</u>	Right of Way (turnin			citation number 21519			
O H	ENDODOCINENT	PECTRICATION OF THE	Innu							OHOL TEST		19 DRUG TEST	(e)	
UL CLASS	SELECT UP TO 2	ENDORSEMENT RESTRICTION SELECT UP TO 3  SELECT UP TO 2  BY			RACTED ALCOHOL / DRUG SUSPECTED MARLUANA			CONDITION	STATUS TY	PE VALUE STATUS			JLT SELECT UPTO 4	
4				1	1 OTHER DRUG			6	2	1 , , , ,	1	1   ,	SI 11 1	
UNIT #	NAME: LAST,	FIRST, MIDDLE											GENDER	
0,2	SATTE	ERFIELD, MELIS	SSA, S	UE					1 1 .	3 0 / 1	98	3 3 8	F	
	: STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA O				
492 L	AKE ST	Kent ,OH 44240	)						L					
	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Co	SEATING POSITIO	N AIR BAG	AIR BAG USAGE EJECTION TRAPPED		
2 4	BY 9			AGM	<b>IC</b>			0 4	MC HE		يارـــ	2 1	11	
OL STATE	OPERATOR !	LICENSE NUMBER		OFFENS	E CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITAT	TION NUMBER	/** 1 m	
O H						,								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED		HOL / DRUG SUSPE		CONDITION	ALCOHOL TEST STATUS TYPE VALUE STATUS			DRUG TEST(S) TUS TYPE RESULT SELECT UPTO 4		
4			BY	1 ALCOHOL MARIJUANA			ANAUUS	1	1 1 1 1 1 1 1			1 1 1		
UNIT #	NAME: LAST.	FIRST, MIDDLE							DATE OF BIRTH			AGE GENDER		
		,							ļ	/ / .			-	
ADDRESS	: STREET, CITY, S	TATE, ZIP	0=100=					1-11-11-	CONTACT PHONE - INCLUDE AREA CODE					
OTORIS														
		EMS AGENCY (NAME)	C=-800-1-	INJUREDT	AKEN TO:	MEDICAL FACILITY	2MAN)	SAFETY EQUIPMENT	DOT-Co	SEATING POSITIO	N AIR BAG	USAGE EJECTION	ON TRAPPED	
Š L	TAKEN			U				USED	MC HE					
OL STATE	OPERATOR	LICENSE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION CITATION NUMBER						
				CODE										
OL CLASS	SELECT UP TO 2	T RESTRICTION SELECT	DIS	DRIVER ALCOHOL / DRUG SUSPEC				CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP			
			BY	ALCOHOL MARI		ANAULIS								
INJ	URIES	SEATING POSITION		AIR BAG		OL CLASS	S	OL RESTRIC	TION(S)	DRIVER DISTRAC		TEST S	TATUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		1 - NONE GIVEN		
10.61@mm/supplements.htm	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOY			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUN		2 - TEST REFUSE 3 - TEST GIVEN, O		
4 - POSSIBLE II		3 - FRONT - RIGHT SIDE		ED BOTH FROM	NT / SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	1020	DEVICE (TEXTING, TY) DIALING)	PING,	SAMPLE / UNI	JSABLE	
5 - NO APPAREI	NT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 - TALKING ON HANDS-FI COMMUNICATION DEV		4 - TEST GIVEN, F 5 - TEST GIVEN, F		
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKNO	WN	6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS		4 - TALKING ON HAND-HE		UNKNOWN	(ESOEIS	
1 - NOT TRANSI /TREATED A		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	E.	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		5 - OTHER ACTIVITY WITH	A COUNTY OF THE PARTY OF THE PA	ALCOHOLT	EST TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	ELECTRONIC DEVICE	1 AN	1 - NONE		
3 - POLICE		8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER		2-BLOOD 3-URINE		
9-OTHER/UN	KNUWN	10 - SLEEPER SECTION	3-TOTALLY 4-NOT APP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH		
42752	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER		DARRER		Q - MOTOR SCOOTER		11 - LIMITED TO EM		8 - OTHER DISTRACTION (	OUTSIDE	5-OTHER		
1 - NONE USED 2 - SHOULDER	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA	RAPPED		R-THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL D		9 - OTHER / UNKNOWN		DRUG TE	STTYPE	
3-LAP BELT 0	NLY USED	PICK-UP WITH CAP)	2 - EXTRICA	ATED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR O	ES, HAND	CONDITION		1 - NONE 2 - BLOOD		
DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PERSON OF T	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED B	NIGAL MEANS BY		X-TANKER/HAZMAT		ADAPTIVE DEVI	CES)	1 - APPARENTLY NORMAL		3-URINE		
FORWARD F	ORNED RESTRAINT SYSTEM - 13-TRAILING UNIT NON-MEC			CHANICAL MEANS GENDER			14 - MILITARY VEHICLE		L THE GOAL IND ADMINISTRA		4-OTHER			
6 - CHILD REST REAR FACIN	TRAINT SYSTEM – VG	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		AHGRY, DISTURBED)		DRUG TEST RESULT(S)		
7 - BOOSTER S		15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRROR 17 - PROSTHETIC AID		4- ILLNESS		1 - AMPHETAMINES		
8 - HELMET US		99 - OTHER / UNKNOWN				O-VINER/UNKNUWN		18-OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2-BARBITURATE 3-BENZODIAZEI		
9 - PROTECTIV (ELBOW, KN										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRU		4 - CANNABINOIS		
10 - REFLECTIV										/ALCOHOL		5 - COCAINE	inins	
11 - LIGHTING - / BICYCLE 0										9-OTHER/UNKNOWN		6-OPIATES/OPI 7-OTHER	10103	
99 - OTHER / UNKNOWN											B - NEGATIVE RESULTS			

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
				2,0,2,1,-,0,0,0,2,1,1,9,1,									
UNIT#		T, FIRST, MIDDLE	4 7 7 7 7 7 7				DATE OF BIRTH AGE GENDER						
01		LEY, BRUCE	, ALLEN			<u> </u>	0 6 / 2 7 / 1 9 6 9 5 2 M						
<u>a</u>	STREET, CITY,		CONTACT PHONE - INCLUDE AREA CODE										
INJURIES		RSON PLB,S	tow ,UH 4			CAPETY FAIITNIENT		ACATUM BARTIAN	Larmese	Letensian			
5	TAKEN	ENIS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	l	EJECTION	TRAPPED		
UNIT #	110205					0,4		التسلسبا	2 2				
ONII #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
ADDRESS:	STREET, CITY.	STATE, 71P					CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS:		<u>-, -</u>											
INJURIES	INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
I 1	TAKEN BY					USED	DOT-COMPLIANT MC HELMET		ļ. ,	, ,			
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	<u> </u>	AGE	GENDER		
11								. /					
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
ADDRESS:													
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (HAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	ВҮ					U328	MC HELMET	ــــــــــــــــــــــــــــــــــــــ					
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
ADDRESS:	I												
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		JRIES	l CAFETY	Z EQUIPMENT USED	1	CEATING BOS	MC HELMET						
1 - FATA	100-2010		1 - NONE US	Constitution of the last of the said		SEATING POS T - LEFT SIDE	TITON	1 - NOT DE	AIR BAG U	AGE			
Branch Street		RIOUS INJURY	A Company of the Comp	OCCUPANT	ER) 2 - DEPLOYED FRONT								
3 - SUSI	PECTED MI	NOR INJURY		ER BELT ONLY USED	2 DEDLOVED SIDE								
4 - POSS	SIBLE INJU	IRY		ONLY USED	NT – RIGHT SIDE OND – LEFT SIDE		4 - DEPLOYED BOTH FRONT/SIDE						
5 - NO A	PPARENT	INJURY		ER & LAP BELT USED (MOTORCYCLE PASS ESTRAINT SYSTEM – 5 - SECOND – MIDDLE			ENGER)	PLICABLE					
	INJURED	TAKEN BY	CONTRACTOR PROPERTY AND ADDRESS OF PERSONS	D FACING 6 - SECOND - RIGHT SI			)E		YMENT UNK	NOWN			
	TRANSPOR		6 - CHILD RE	STRAINT SYSTEM -	CAR) EJECTION								
2 - EMS		CENE	7 - BOOSTER		D - MIDDLE	VAIV	1 - NOT EJ		N N				
3 - POLI			8 - HELMET	USED	D - RIGHT SIDE			LLY EJECTE	D				
9 - OTH	ER / UNKNO	OWN		IVE PADS USED	PER SECTION ( ENGER IN OTH	HER ENCLOSED 3 - TOTALLY EJEC							
and the same	GEN	NDER		KNEES, ETC.) IVE CLOTHING	O AREA (NON-TE								
F-FEMA				G – PEDESTRIAN	12 - PASS	PASSENGER IN UNENCLOSED TRAPPED							
M - MALE	E .R / UNKNO	WN	/ BICYCL		CARGO AREA  13 - TRAILING UNIT			1 - NOTTRA					
O OTTIL	3141(140		99 - OTHER /	UNKNOWN	14 - RIDIN	IG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS			CAL		
						TRAILING UNIT) MOTORIST			BY NON-ME	CHANIC	AL		
						R/UNKNOWN		MEANS					
	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS:								/					
ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
NAME	ET EIDET MINN	11 5					5	E OF BIRTH	1 1	ACC	CENTER		
	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
≤													
	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDER						
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ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
								11			لــــــــــــــــــــــــــــــــــــــ		



## CONTINUE SAFETY Narrative Continuation

LOCAL REPORT NUMBER

2 0 2 1 - 0 0 0 2 1 1 9 1

MACHINE. UNIT 1 WAS CHARGED WITH OVI AND CITED FOR FTY - LEFT TURN AT INERSECTION.