OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*							
PHOTOS TAKEN OH-2 OH-3	2,0,2,0,-,0,0,0,3,7,5,5,							
SECONDARY CRASH	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
PRIVATE PROPERTY	City of Kent Poli	ice	0,6,7,0,3	1 - SOLVED	0,2 0	1 98 - ANIMAL 99 - UNKNOWN		
1-CITY	TY, VILLAGE, TOWNSHIP*			CRASH DATE /1		ASH SEVERITY - FATAL		
6,7, 1, 2-VILLAGE Kent				0,2,2,0,2,0,2,0	/ ₁ 1 ₇ 4 ₇ 5 ₂	-SERIOUS INJURY		
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 2 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE		SUSPECTED - MINOR INJURY		
	WATER		ST	41,13,4	ר פי מי ח	SUSPECTED		
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (RO	IAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE or		- INJURY POSSIBLE		
			H, W	-81,35,3	6,7,3	- PROPERTY DAMAGE ONLY		
REFERENCE POINT DIRECTION 1-INTERSECTION 1-NORTH IR	- INTERSTATE ROUTE(TP)	AL - ALLEY HW- HIGHWAY	RD - ROAD	541	INTERSECTION RELATE			
4 2-MILEPOST A GROUTH	- FEDERAL US ROUTE	AV - AVENUE LA - LANE	SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPRO	ACH 4		
4 - WEST SR	- STATE ROUTE	BL - BOULEVARD MP - MILEPOST CR - CIRCLE OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTE	RCHANGE AREA NUI	MBER OF APPROACHES		
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE - NUMBERED TOWNSHIP	CT - COURT PK - PARKWAY	TL -TRAIL		ROADWAY			
2 0 2 2-FEET 3-YARDS	ROUTE	DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIV	/IDED			
LOCATION OF FIRST HARMFUL EVE	NT N	MANNER OF CRASH COLLISION/I	MPACT	DIRECTION OF TRAVE	MEDIA	ANTYPE		
1 - ON ROADWAY 9 - CROSSOVE 2 - ON SHOULDER 10 - DRIVEWAY	WALLEY ADDECK	NOT COLLISION 4 - REAR-TO-RE	AR	1 - NORTH	1 - DIVIDED	FLUSH MEDIAN		
3-IN MEDIAN 11-RAILWAY	DADE COOCCING 2	TWO MOTOR 5- BACKING VEHICLES IN 6- ANGLE		2-SOUTH 3-EAST	11 1	(<4 FEET) 2 - DIVIDED FLUSH MEDIAN		
4 - ON ROADSIDE 12-SHARED U 5 - ON GORE TRAILS		TRANSPORT 7 - SIDESWIPE, REAR-END 8 - SIDESWIPE,	SAME DIRECTION OPPOSITE DIRECTION	4- WEST	(≥4 FEE	T) DEPRESSED MEDIAN		
6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN	3-1	HEAD-ON 9-OTHER/UNI			4 - DIVIDED, RAISED MEDIAN (ANY TYPE)			
7 - ON RAMP 14- TOLL BOO 8 - OFF RAMP 99- OTHER / U					9 - OTHER/UI			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN	WORK ZONE	CONTOUR	CONDITIONS	SURFACE		
WORKERS SPECIAL	- LANE CLOSURE - LANE SHIFT/CROSSOVER	1 - BEFORE THE : WARNING SIG		2				
	-WORK ON SHOULDER	2 - ADVANCE WAI	RNING AREA	1 - STRAIGHT LEVEL	1 - CONCRETE			
4	OR MEDIAN - INTERMITTENT OR MOVING W	ORK 3-TRANSITION A		2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZONE 5	- OTHER	5 - TERMINATION	AREA	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT		
LIGHT CONDITION	WEA	ATHER		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,		
1 - DAYLIGHT 1 2 - DAWN/DUSK	1-CLEAR 0 1 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING,	STONE		
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED		OKE 8-BLOWING SAND, SOIL, I			MOVING)	5 - DIRT 9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FRI 99 - OTHER / UNKNOWN	EEZING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	7 - OTHER GRANDWIN		
9 - OTHER / UNKNOWN					7- OTHER COMMON			
NARRATIVE					A	Indicate the north		
Unit 1 was traveling northbou	and in the outside	lane			4	an "N" on the compass diagram.		
on S Water St at SR 261. Uni	it 2 was in front of	Unit						
1 and stopped to allow an an								
						(F)		
response to drive by on SR 2					Mar.	TO SOALE!		
maintain an assured clear di		r and						
Unit 2, striking Unit 2 in the	rear. Unit 1 was				6 8 8			
cited.				21 31		SR 261		
				* I				
				WATER ST. (SI 43)	Br. D.			
				2				
			rall in the					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE /T		SCENE CLEARED		REPORT TAKEN BY POLICE AGENCY		
10,2,2,0,2,0,2,0,/,1,7,4,7,0,2,2		8,0,2,2,0,2,0,2,0,			U ₁ / ₁ 8 ₁ 2 ₁ 6 ₁ A	MOTORIST		
ROADWAY CLOSED INVESTIGATION TIME MINU		jamin	CHECKED BY OFF	cer's name* er, Jennifer	-	SUPPLEMENT		
	OFFICER'S	BADGE NUMBER*	Снескев	CED BY OFFICER'S BADGE NUMBER* (CORRECTION OR ADDITION OF ADDITIO				
0 0 0 0 3 0 0 6	8 2 3 3	3	2 2	9 1				



LOCAL REPORT NUMBER

2,0,2,0,-,0,0,0,0,3,7,5,5,

UNIT	UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) 0 1 SINCLAIR-COLANDO, ELIZABETH				IFD DURKE	HOE OREA COME AT ISAME AS DRIVERS	DAMAGE				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (same as driver)					7	DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE				
3104	# EDGERTO	N RD ,Silver	Lake ,OH 44				2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
COMM	ERCIAL CARRIER: NAM	AE, ADDRESS, CITY, STATE, ZII	P	C	OMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE		9 - UNKNOWN AMAGED AREA(S)			
LP STAT		# \ \	EHICLE IDENTIFICAT	ON#	VEHICLE YE	AR VEHICLE MAKE		ATE ALL THAT APPLY			
OI		1, F, AD.	P ₁ 3 ₁ F ₁ E ₁ 8 ₁ GL ₁	3,4,7,5,1,3	7	_ LULU	12 1	12 1			
X INS	URANCE INSURANCE RIFIED LIGHT	NING ROD	INSURANCE POI M UTPU 34001499	.ICY # 42-0	BLK	FOCUS	10 11 2	10 12			
	TYPE of US	E	US DOT #		ED BY: COMPAN		10 2	1,2			
CON	MMERCIAL GOVERNA	MESPONSE .	VEHICLE WEIGHT CL	nuntre una	HAZARDO	OUS MATERIAL	9 9 3	3 9 9 3			
DE'	TERLOCK VICE HIT/SKI UIPPED	#OCCUPANTS O 1	1 - ≤10K1 2 - 10,001 L 3 - >26K1	BS - 26K LBS	MATERIAL RELEASED PLACARD	CLASS # PLACARD ID #	8 7 6 5	B 7 5 5			
	1 - PASSENGER CAR 2 - PASSENGER VAN (M)	7 - MOTORCYCLE 2-W NIVAN) B - MOTORCYCLE 3-W			LIVERY VEHICLE) 6+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10 /	11 12			
.0 .1	1 - SPORT UTILITY VEHI		14-SINGLE UNIT T			25 - OTHER NON-MOTORIST	7	10 3 7			
וואט	YPE 4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTOR Bicycle	RIZED 15-SEMI-TRACTOR 16-FARM EQUIPME		EQUIPMENT L WITH RIDER OR	26-BICYCLE 27-TRAIN	•	9 3 3			
141	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEH (ATV / UTV)			L-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 5 4			
	# OF TRAILING L						12 1	7 6 5 12			
H	WAS VEHICLE OPERATION		0 - NO AUTOMATIO		FIONAL AUTOMATION	9 - UNKNOWN	10 12	10 12			
2	MODE WHEN CRASH 0 1-YES 2-NO 9-OTH		0 1 - DRIVER ASSIST		UTOMATION NOITAMOTU		10 2	10 1 2			
) hour		E LEVEL	1/ 2400			9 9 3	3 9 9 3			
, 0, 3	1 - NONE 1 , 2 - TAXI	7 - BUS - INTERCITY		16-FARM 17-MOWIN	NG	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 74	8 7 5 74			
SPECI	AL 3 - ELECTRONIC RIDE S	HARING B-BUS-SHUTTLE	13-POLICE	18-SNOW			7 6 5	7 5 5			
FUNCT	TON 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COM	9 - BUS - OTHER MUTER 10 - AMBULANCE	14-PUBLIC UTILIT 15-CONSTRUCTION	Y 19-TOWIN EQUIPMENT 20-SAFET				6			
	1 - NO CARGO BODYTYP	E 3 - VEHICLETOWING	ANOTHER 5 - INTERMODAL C	ONTAINER B - POLE	DEPT.	12 - CONCRETE MIXER	12	12 12 12			
CARE		MOTOR VEHICLE 4 - LOGGING	CHASSIS 6 - CARGO VAN/ENO	9 - CARGO		13 - AUTO TRANSPORTER	NA.	A A =			
BOD TYP	Y			RAVEL 11-DUMP	SEU	14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 ()	9 3 9 1 3 9 9 3			
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICE	TIRES 9 - MOTOR	TROUBLE	99 - OTHER / UNKNOWN	5	00			
VEHIC	LE 2 - HEAD LAMPS CTS 3 - TAIL LAMPS	5 - STEERING	8 - TRAILER EQUIP DEFECTIVE	MENT 10-DISABI	LED FROM PRIOR			6 6 6			
DEFE		6 - TIRE BLOWOUT					- NO DAMAGE	[0] - UNDERCARRIAGE [14]			
	1 - INTERSECTION - MA	RKED 3 - INTERSECTION 4 - MIDBLOCK MAR			N/CROSSING ISLAND WAY ACCESS	12-FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	- ALL AREAS [15]			
HOH-MOT	ORIST 2-INTERSECTION—UNI TON CROSSWALK	MARKED CROSSWALK 5 - TRAVEL LANE - 0	8 - SIDEWALK		D USE PATHS OR	99 - OTHER / UNKNOWN		IT NOT AT SCENE [16]			
AT IMP	1 - NON-CONTACT	1 - STRAIGHT AHEAD			TATING A CURVE	18-APPROACHING		HADIAI SOERE [10]			
3	n man and detail	O DAGGER	A CHICALUATAL	FIC LANE 14-ENTER	RING OR CROSSING	OR LEAVING VEHICLE	INITIA 0 - NO DAMA	AL POINT OF CONTACT GE 14 - UNDERCARRIAGE			
	ON 4-STRUCK PR	3 - STRIKING U 3 - CHANGING LANES		10 Entre	FIED LOCATION ING, RUNNING,	19-STANDING 20-OTHER NON-MOTORIST		RTO UNIT 15-VEHICLE NOT AT SCENE			
NO11	5 - BOTH STREKING AC	TIONS 5 - MAKING RIGHTT	AKING RIGHTTURN 11-SLOWING OR STOPPED		NG, PLAYING	21 - STANDING OUTSIDE	DIAGR 13-TOP	AM 99 - UNKNOWN			
	& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TU	RN IN TRAFFIC 12 - DRIVERLESS	16 - WORKI 17 - PUSHI	NG VEHICLE	DISABLED VEHICLE 99 - OTHER / UNKNOWN		TDAFFIC			
	1-NONE	7-LEFT OF CENTER	13-IMPROPER STA	RT FROM A 17 - VISION	OBSTRUCTION	21 -LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
	2 - FAILURE TO YIELD	B - FOLLOWING TOO C	14 STORDED OR O	10.01 FIM	ATING DEFECTIVE	22 - NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
0	4 - RAN STOP SIGN	9-IMPROPER LANE	ILLEGALLY	19-LOAD	SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
GONTRIA GEREUMST	ANCES 5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	01100	ING IPER CROSSING	99 - OTHER IMPROPER ACTION	# of THROUGH LANES				
Z U SEQUE	6-IMPROPERTURN	12-IMPROPER BACK	ine .				ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
<u>Ы</u>			EVEN				4	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
12:	1 - OVERTURN/ROLLOV 2 - FIRE/EXPLOSION	ER 6 - EQUIPMENT FAIL 7 - SEPARATION OF I	UNITS OPPOSITE DIR		AY VEHICLE AL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT					
	3 - IMMERSION	IMMERSION B - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY		VAUVAV	AL — DEER AL — OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / NO	DN-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
2[J 4 - JACKKNIFE 5 - CARGO / EQUIPMEN	9 - RAN OFF ROAD LI T 10-CROSS MEDIAN	13-OTHER NON-CO	LLISION 20-MOTOR	R VEHICLE IN	ANYTHING SET IN MOTION By a motor vehicle	2	2 - SOUTH 6 - NORTHWEST			
3	LOSS OR SHIFT		15-PEDALCYCLE	TRANS 21 - PARKE	ED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM 2 TO L	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
	25-IMPACT ATTENUAT		LLISION WITH FIXED 37-TRAFFIC SIGN		UCK	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
411	/ CRASH CUSHION	32 - PORTABLE BARR	ORTABLE BARRIER 38-OVERHEAD SIGN POS			EQUIPMENT	UNIT SPEED	DETECTED SPEED			
51	26-BRIDGE OVERHEAD STRUCTURE	34-MEDIAN GUARDI	33-MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 34-MEDIAN GUARDRAIL SUPPORT		NKMENT E	51 - WALL 52 - BUILDING	0,0,5	1 - STATED / ESTIMATED SPEED			
	27 - BRIDGE PIER OR AS 28 - BRIDGE PARAPET	BUTMENT BARRIER 35 - MEDIAN CONCRE	40 - UTILITY POLE ETE 41 - OTHER POST, P	47 - MAILE	BOX	53 - TUNNEL 54 - Other Fixed Object		2 - CALCULATED / EDR			
61	29-BRIDGE RAIL 30-GUARDRAIL FACE	29-BRIDGE RAIL BARRIER OR SUPPORT		ULE 48-TREE 49-FIRE		99-OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
, 1	FIRST HARMFU	1	BARRIER 42-CULVERT MOST HARMFUL EVEI	IT.			3 , 5				
HSY83	04 OH1U 1/19 [760-082		MUSI NARMFUL EVE					PAGE 2 OF 5			

LP STATE LICENSE PLATE #

OH 654YVQ

INSURANCE VERIFIED

DEVICE

UNIT TYPE 4 - PICK UP

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)

0 2 RITTERBECK, ADAM, T

2463 SILVER SPRINGS DR ,Stow ,OH 44224

#DCCUPANTS

0,4

9 - AUTOCYCLE

BICYCLE

7 - MOTORCYCLE 2-WHEELED

10 - MOPED OR MOTORIZED

11 - ALL TERRAIN VEHICLE

6 - BUS - CHARTER/TOUR

7 - BUS - INTERCITY

MOTOR VEHICLE

9 - BUS - OTHER

4 - LOGGING

4 - BRAKES

5 - STEERING

6 - TIRE BLOWOUT

CROSSWALK

1 - STRAIGHT AHEAD

6 - MAKING LEFT TURN

7-LEFT OF CENTER

B-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 GEF ROAD LEFT

10 - CROSS MEDIAN

31 - GUARDRAIL END

27-BRIDGE PIER OR ABUTMENT 34-MEDIAN GUARDRAIL

32 - PORTABLE BARRIER

35 - MEDIAN CONCRETE

36-MEDIAN OTHER BARRIER

BARRIER

33 - MEDIAN CABLE BARRIER

11 - DROVE OFF ROAD

2 - BACKING

PRE-CRASH 4 - OVERTAKING/PASSING

1 1 3 - CHANGING LANES

5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN

3 - INTERSECTION - OTHER

5 - TRAVEL LANE - OTHER LOCATION

4 - MIDRI OCK - MARKED

0

AUTONOMOUS MODE LEVEL

VEHICLE IDENTIFICATION #

2, C4, RDGB, G4, GR1, 0, 9, 7, 9, 9,

9234J118553

1 1

12-GOLF CART

13-SNOWMOBILE

15 - SEMI-TRACTOR

17 - MOTORHOME

0 - NO AUTOMATION

11 - FIRE

12-MILITARY

14 - PUBLIC UTILITY

CHASSIS

6 - CARGO VAN/ENCLOSED BOX

7 - GRAIN/CHIPS/GRAVEL

7 - WORN OR SLICK TIRES

B - TRAILER EQUIPMENT

7 - SHOULDER / ROADSIDE

DEFECTIVE

6 - BICYCLE LANE

B - SIDEWALK

10-PARKED

7 - MAKING U-TURN

8 - ENTERING TRAFFIC LANE

9 - LEAVING TRAFFIC LANE

11 - SLOWING OR STOPPED

13-IMPROPER START FROM A

PARKED POSITION

14-STOPPED OR PARKED

15 - SWERVING TO AVOID

EVENTS

OPPOSITE DIRECTION OF

11 - CROSS CENTERLINE -

12 - DOWNHILL RUNAWAY

37 - TRAFFIC SIGN POST

38 - OVERHEAD SIGN POST

39-LIGHT/LUMINARIES

13 - OTHER NON-COLLISION

COLLISION WITH FIXED OBJECT - STRUCK

ILLEGALLY

16 - WRONG WAY

TRAVEL

14-PEDESTRIAN

15-PEDALCYCLE

SUPPORT

40-UTILITY POLE

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

1 MOST HARMFUL EVENT

IN TRAFFIC

12-DR:VERLESS

13-POLICE

3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

16-FARM EQUIPMENT

INSURANCE POLICY #

US DOT #

VEHICLE WEIGHT GVWR/GCWR

1 - <10K LBS

3 - >26K LBS

14 - SINGLE UNITTRUCK

2 - 10,001 - 26K LBS

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

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

INSURANCE COMPANY

TYPE OF USE

1 - PASSENGER CAR

0 2 3 - SPORT UTILITY VEHICLE

5 - CARGO VAN

1 - NONE

FUNCTION 4 - SCHOOL TRANSPORT

2 - BUS

VEHICLE 2 - HEAD LAMPS

DEFECTS 3 - TAIL LAMPS

4 3-STRIKING

ACTION 4- STRUCK

0 1 2 - TAXI

0,1

CARGO

BODY

LOCATION

AT IMPACT

0,1

6 - VAN (9-15 SEATS)

OFTRAILING UNITS

2 1 1-YES 2-NO 9-OTHER/UNKNOWN

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 - OVERTURN/ROLLOVER

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

26 - BRIDGE OVERHEAD

28-BRIDGE PARAPET

30-GUARDRASI FACE

☐ FIRST HARMFUL EVENT

29-BRIDGE RAIL

LOSS OR SHIFT

3 - IMMERSION

4 - JACKKNIFE

NON-MOTORIST 2-INTERSECTION - UNMARKED

1 - INTERSECTION - MARKED

MODE WHEN CRASH OCCURRED?

SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE

5 - BUS - TRANSITICOMMUTER 10 - AMBULANCE

WAS VEHICLE OPERATING IN AUTONOMOUS

COMMERCIAL GOVERNMENT RESPONSE

HIT/SKIP UNIT

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

NATIONWIDE

2,0,2,0,-,0,0,0,0,3,7,5,5

DAMAGE DAMAGE SCALE

3 - FUNCTIONAL DAMAGE

J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 1 1 1

HAZARDOUS MATERIAL

MATERIAL CLASS # PLACARD ID #

VEHICLE MAKE

VEHICLE MODEL

Dodge

23 - PEDESTRIAN / SKATER

25 - OTHER NON-MOTORIST

99 - UNKNOWN OR HIT/SKIP

21 - MAIL CARRIER

99 - DTHER / UNKNOWN

12 - CONCRETE MIXER

13 - AUTO TRANSPORTER

14-GARBAGE/REFUSE

99-OTHER/UNKNOWN

99-OTHER / UNKNOWN

12-FIRST RESPONDER

99-OTHER/UNKNOWN

18-APPROACHING

19-STANDING

AT INCIDENT SCENE

OR LEAVING VEHICLE

20-OTHER NON-MOTORIST

DISABLED VEHICLE

21 - STANDING OUTSIDE

99 - OTHER / UNKNOWN

21 - LYING IN ROADWAY

22 - NOT DISCERNIBLE

ROADWAY

23 - OPENING DOOR INTO

99-OTHER IMPROPER ACTION

22 - WCRK ZONE MAINTENANCE

EQUIPMENT

23-STRUCK BY FALLING,

SHIFTING CARGO OR

BY A MOTOR VEHICLE

24-OTHER MOVABLE CBJECT

50 - WORK ZONE MAINTENANCE

EQUIPMENT

54-OTHER FIXED OBJECT

99-OTHER / UNKNOWN

51-WALL

52-BUILDING

53-TUNNEL

ANYTHING SET IN MOTION

26 - BICYCLF

27 - TRAIN

24-WHEELCHAIR (ANY TYPE)

VEHICLE YEAR

2 0 1 6

COLOR

TOWED BY: COMPANY NAME

BLU

PLACARD

18-LIMO (LIVERY VEHICLE)

19-BUS (16+ PASSENGERS)

22 - ANIMAL WITH RIDER OR

ANIMAL-DRAWN VEHICLE

3 - CONDITIONAL AUTOMATION 9 - UNKNOWN

23-OTHER VEHICLE

21 - HEAVY FOILIPMENT

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

18-SNOW REMOVAL

16-FARM

17 - MOWING

19-TOWING

B - POLE

9 - CARGO TANK

9 - MOTOR TROUBLE

ACCIDENT

10 - DISABLED FROM PRIOR

9 - MEDIAN/CROSSING ISLAND

10 - DRIVEWAY ACCESS

TRAILS

16-WORKING

11 - SHARED USE PATHS OR

13 - NEGOTIATING A CURVE

14 - ENTERING OR CROSSING

SPECIFIED LOCATION

15 - WALKING, RUNNING,

17 - PUSHING VEHICLE

17 - VISION OBSTRUCTION

EQUIPMENT

SPILLING

18-OPERATING DEFECTIVE

19-LOAD SHIFTING/FALLING/

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

49-FIRE HYDRANT

43 - CURB

44 - DITCH

46-FENCE

48-TREE

A7 - MAII ROY

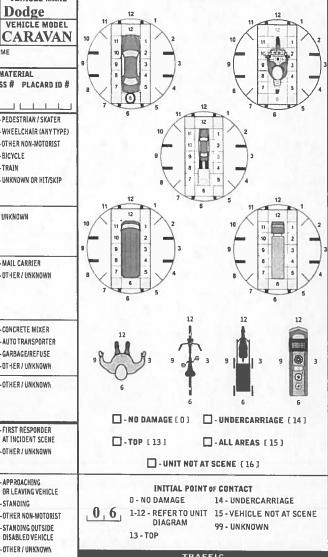
JOGGING, PLAYING

10-FLAT BED

11-DUMP

15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL

DAMAGED AREA(S) INDICATE ALL THAT APPLY



TRAFFICWAY FLOW

1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 1 - ROUNDAROUT 4 - STOP SIGN 2 - SIGNAL 3 - FLASHER

RAIL GRADE CROSSING

of THROUGH LANES ON ROAD 4

1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST FROM 2 TO 1 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST

9 - OTHER / UNKNOWN

UNIT SPEED , 0 , 0 , 0 , POSTED SPEED 3 5

DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

5 - YIELD SIGN

6 - NO CONTROL

OF PUBLIC BATETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
								2,0,2,0,-,0,0,0,0,3,7,5,5,						
UNIT#									DATE OF BIRTH AGE GENDER					
0.1									0,8,0,1,1,9,9,9,20 F					
ADDRESS		TRATFORD DR, Kent, OH 44240							CONTACT PHONE - INCLUDE AREA CODE					
			JH 44	-					1					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	NAME CITY)	USED	DOT-COMPLIANT					
		JCENSE NUMBER		OFFENSE CHARGED LO				0 4						
OL STATE	UN034			333.0		KUED	LOCAL	OFFENSE DESC			61821			
OL CLASS	ENDORSEMENT		TUPTOS DRIVER ALCOI			OHOL / DRUG SUSPE	CTED	Maximum Sp		OHOL TEST		RUG TEST(S	Mark Green	
000	SELECT UP TO 2		BA DI:	STRACTED	ALCOHOL MARLUUANA			- CONDITION	STATUS TY				T SELECTUPT 4	
4			LI	_1	01	OTHER DRUG1			1 1		1		اـــالـــالـــا	
UNIT#	NAME: LAST,									DATE OF BIRTH		AGE	GENDER	
0,2		RBECK, JESSIC	A, Al	NN					1,0,1,0,1,9,8,6,3,3, F					
ADDRESS	: STREET, CITY, ST								CONTACT PHONE - INCLUDE AREA CODE					
0		SPRINGS DR ,S	tow ,C	_										
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO:	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	DOT-COM	PLIANT	AIR BAG USA	AIR BAG USAGE EJECTION TRAPPED		
OL STATE	OPERATOR	ICENSE NUMBER		OFFEN	SE CHAF	acen.	LOCAL	0,4		MET 0 1	1 1			
O. H.	SR9382			OFFER	SE UNAF	KAEU	CODE	OFFENSE DESC	RIPIION		CITATION	NUMBER		
OL CLASS	ENDORSEMENT	100	UPTO3 DR	IVER	ALCC	OHOL / DRUG SUSPE	CTED	CONDITION	ALC	OHOL TEST	DE	RUG TEST(S	VIDEO AND DESCRIPTION OF THE PARTY OF THE PA	
	SELECT UP TO 2			TRACTED			ANAULIS	CONDITION	STATUS TY			PE RESUL		
4_	S			1	OTHER DRUG									
UNIT#	NAME: LAST,	FIRST, MIDDLE			-100					DATE OF BIRTH		AGE	GENDER	
												<u> </u>		
ADDRESS	: STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
W INJURIES	I			,		100			T DOT CAME SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
S IMPORTEZ	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO:	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COM	PLIANT	AIR BAG USA	GE EJECTION	TRAPPED	
GL STATE					OFFENSE CHARGED LOCAL OF			OFFENSE DESC						
ORIS				011211	or onat	CODE			AIF HON		CITATION	INUMBER	4 (
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		IVER ALCOHOL / DRUG SUSPECTED			CONDITION		HOL TEST	DR	UG TEST(S)		
	SELECT UP TO 2		BY	TRACTED ALCOHOL MARIJUANA			STATUS TY	PE VALUE :	STATUS TY	PE RESUL	SELE IUPIU4			
					01	THER DRUG	-			_ •	_			
1-FATAL	JRIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DE	AIR BAG PLOYED		OL CLASS 1-CLASS A		OL RESTRIC		1-NOT DISTRACTED	market and the	TEST STA KONEGIVEN	TUS	
A CONTRACTOR OF THE	SERIOUS INJURY	' (MOTORCYCLE DRIVER) ' 2 - FRONT – MIDDLE	2 - DEPLOY	ED FRONT		2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATING	AN 2 T	EST REFUSED		
3 - SUSPECTED 4 - POSSIBLE II	MINOR INJURT	3 - FRONT - RIGHT SIDE	3 - DEPLOY	'ED SIDE 'ED BOTH FRO	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	ELECTRONIC COMMUNI DEVICE (TEXTING, TYP	tair 3 1	EST GIVEN, CON SAMPLE / UNUS/		
5 - NO APPAREI	br 428 (1900) 100 (1900)	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOTAP	method on a	MIT SIDE	(OHIO = D)		5 EXCEPT CLASS	A BUS	DIALING) 3-TALKING ON HANDS-FR	4 T	EST GIVEN, RES	2.400 (Mar. 19.)	
INJURED	TAKEN BY	5-SECOND - MIDDLE	9 - DEPLOY	MENT UNKN	OWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 EXCEPT CLASS	r e	COMMUNICATION DEVI	CE 5 T	EST GIVEN, RES Inknown	ULTS	
1 - NOT TRANSF /TREATED A		6 - SÉCOND – RIGHT SIDE 7 - THIRD – LEFT SIDE		JECTION			45.0.7	7 - EXCEPT TRACTO		4 - TALKING ON HAND-HEL COMMUNICATION DEVI	CE AL	COHOL TES	STITYPE	
2-EMS	II JULIIL	(MOTORCYCLE SIDE CAR)	1 - NOTEJ	and the second of		OL ENDORSEM H-HAZMAT	IEN I	8-INTERMEDIATE RESTRICTIONS	LICENSE	5.OTHER ACTIVITY WITH ELECTRONIC DEVICE	AN	IONE		
3 - POLICE		8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE		LLY EJECTED		M - MOTORCYCLE		9-LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER	AND PARTY OF THE	ILOOD Irine		
9-OTHER/UNI	KNUWN	10 - SLEEPER SECTION	3-TOTALL 4-NOT AP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE	CONTROL OF THE PARTY.	REATH		
SAFETY E	QUIPMENT	OF TRUCK CAB 11 - Passenger in other			Lotte .	Q - MOTOR SCOOTER		11 - LIMITED TO EMP	4	8-OTHER DISTRACTION OF THE VEHICLE	UTSIDE 5-0	THER		
THE STREET	BELT ONLY USED	ENCLOSED CARGO AREA (NON TRAILING UNIT, BUS,	1-NOTTR	RAPPED APPED		R-THREE WHEEL MO S-SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DI		9-OTHER/UNKNOWN		DRUG TEST	TYPE	
3 - LAP BELT OF		'PICK UP WITH CAP)	2 - EXTRIC	ATED BY NICAL MEANS		T-DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK) CONTROLS, OR O		CONDITION	17.250	IONE ILOOD		
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA		3-FREED	BY		X-TANKER/HAZMAT		ADAPTIVE DEVI	/ICES) 1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE			
FORWARD F.	FORWARD FACING 13-TRAILING UNIT		NO N-MI	CHANICAL M	LANS	GENDER		15 - MOTOR VEHICLE	SA NOTES AND ADDRESS OF	2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRE		THER		
REAR FACIN	6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR REAR FACING (NON-TRAILING UNIT)					F-FEMALE M-MALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANGRY, DIST RBED) 4- ILLNESS	DR	UG TEST RE	or Designation of the Control of the	
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC ALL		5 - FELL ASLEEP, FAINTED,	THE PARTY OF THE P	MPHETAMINES IARBITURATES		
9 - PROTECTIVE	E PADS USED							18-OTHER		FATIGUED, ETC. 6- UNDER THE INFLUENCE	3-B	ENZODIAZEPIN	ES	
(ELBOW, KN 10 - REFLECTIV	REAL DESCRIPTION OF THE		7- 5							OF MEDICATIONS / DRUG /ALCOHOL	35 4-0	ANNABINOIDS OCAINE		
11 - LIGHTING - / BICYCLE O	PEDESTRIAN				9-86				表次發音	9-OTHER/UNKNOWN	6-0	PIATES/OPIOIC	Š	
\$1000 GO WELLED	99 - OTHER / UNKNOWN						100					THER IEGATIVE RESUI	LTS	

	OHIO DEP	SIPURAL BARRY OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER					
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2,0,2,0,-,0,0,0,3,7,5,5,						
	UNIT#		T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
اے	02	RITTI	ERBECK, ADA	0,2,1,0,1,9,8,4,3,6, M										
PAN		STREET, CITY, STATE, ZIP							- INCLUDE AREA CO	DE		111		
OCCUPAN	2463 9	SILVE	R SPRINGS DI	R ,Stow ,O	H 44224									
٦	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED		
	_ 5	ВУ					0,4	MC HELMET	0 3	1	1	1		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	7.4.1	AGE	GENDER		
	02	RITT	ERBECK, LUI	1,0,0,	1,2,0,	1 4	0,5	M						
LNA	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN	2463 5	SILVE	R SPRINGS DE	R,Stow,O	H 44224									
ō	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
	_ 5	BY	Section 1				USED 0 5	MCHELMET 0 4 1 1 1						
7	UNIT#	NAME: LAS	T, FIRST, MIDDLE			·		DAT	E OF BIRTH		AGE	GENDER		
	02	FARL	EY, AUSTIN, A	4				0 8 0 5 2 0 1 0 0 9 M						
Ā	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE						
OCCUPAN	2463 S	ILVER	SPRINGS DR	Stow,O	H 44224									
00	INJURIES	INJURED	EMS Agency (NAME)	,	INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT	- nc- c	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED		
	5	BY					USED 0.5	DOT-COMPLIANT MC HELMET	0 6	. 1	. 1	1		
ď	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
								, , , , , , , , , , , , , , , , , , ,	Loi bikiii		Adc	GENDER		
₽N4	ADDRESS:	STREET, CITY,	STATE, ZIP		***			CONTACT PHONE	- INCLUDE AREA CO	ns l				
OCCUPAN									- INDEDDE AREA CO	DE.				
8	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR RAG IISAGI	FUECTION	TRAPPED		
		TAKEN					USED	DOT-COMPLIANT		Nik and dana		TKALLED		
-		INJU	JRIES	SAFET	/ EQUIPMENT USED		SEATING POS	ITION		AIR BAG L	IS AGE			
	1 - FATA	AL.		1 - NONE US	ED-		T - LEFT SIDE		1 - NOT DE	ATTENDED				
	2 - SUSI	PECTED SE	RIOUS INJURY	VEHICLE	OCCUPANT		ORCYCLE DRIV	ER)	2 - DEPLOYED FRONT					
	3 - SUS	PECTED MI	NOR INJURY		ER BELT ONLY USED	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE					
	4 - POS	SIBLE INJU	IRY	THE STEEL STEEL	R & LAP BELT USED 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSE					YED BOTH	î H			
	5 - NO A	PPARENT	INJURY					ENGER)		FRONT/SIDE				
ŀ	Street street street	INJURED	TAKEN BY	NO RELEASED TO THE RESIDENCE OF THE PERSON O	ESTRAINT SYSTEM - D FACING	A Section 19	ND – MIDDLE ND – RIGHT SII)F	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION					
I	1 - NOT	TRANSPOR	TED	6 - CHILD RI	ESTRAINT SYSTEM -	The second second	D - LEFT SIDE							
	State of the same	EATED AT S	CENE	REAR FA		A STATE OF THE PARTY NAMED IN	ORCYCLE SIDE	CAR)						
	2 - EMS			7 - BOOSTER		HOLLOW BUILDING	D – MIDDLE D – RIGHT SIDE		1 - NOT EJECTED					
	3 - POLI			8 - HELMET			PER SECTION	Color with the color of the color	A PROPERTY.	LLY EJECT				
	9 - OTH	ER / UNKNO			TVE PADS USED KNEES, ETC.)		ENGER IN OTH		100	Y EJECTE				
	7-16-E-3-1	REAL PROPERTY.	NDER		TVE CLOTHING		PICK-UP WITH CA		4 - NOT AP	PLICABLE				
	F-FEMA M-MAL	57720			G – PEDESTRIAN	The state of the s	ENGER IN UNE	NCLOSED	TRAPPED					
	Section of the second	R/UNKNO	WN	/BICYCL		Aug Let De l'anne	LING UNIT	1 - NOTTRAPPED						
				99 - OTHER /	UNKNOWN	The State of the S	NG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS					
						THE PARTY OF THE PARTY OF	TRAILING UNIT) MOTORIST		3 - FREED BY NON-MEC			HANICAL		
							R/UNKNOWN		MEANS					
	NAME: LA	ST, FIRST, MID	DLE					DAT	E OF BIRTH		AGE	GENDER		
1ESS														
WITNESS	NAME: LAST, FIRST, MIDDLE							CONTACT PHONE	- INCLUDE AREA CO	DE		- 1 1 1		
								DATE OF BIRTH AGE GENDER						
S														
WITNESS														
WIT	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
5	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
TNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT BUONE						
W	WARKE 22	. SIREEI, GII Y	, SIMIE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						