OHIO DEPARTMENT T	RAFFIC CRASH	REPORT	*DENOTES M	ANDATORY FIELD	FOR SUPPLEM	ENT REPORT		OCAL REPORT NUM	BER*		
	OH-2 OH-3	LOCAL INFORMA					2 0 2 1	- ,0,0,0,0	0,4,9,2,1,		
PHOTOS TAKEN	OH-1P OTHER	REPORTING AGE	NCY NAME*			NCIC*	HIT/SKIP	UNIT IN ERROR			
SECONDARY CRASH	PRIVATE PROPERT	City of Ke	ent Polic	e	0	6 7 0 3	1 - SOLVED	0,2	0 1 98 - ANIMAL		
OUNTY* LOCALITY*	CITY LOCATION:	CITY, VILLAGE, TOWNSHI	p*				CRASH DATE /	TIME*	CRASH SEVERITY		
6 7 1 2-1	VILLAGE Kent						0,3,2,9,2,0,2,1,	/11359 5	1 - FATAL 2 - SERIOUS INJURY		
ROUTE TYPE ROUTE NU	IMBER PREFIX 1-NORT 2-SOUTH		NAME		275	ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED		
	1 3-EAST	WATER				ST	[4]1 ja 1 5 3	8 2 2 1	3 - MINOR INJURY SUSPECTED		
ROUTE TYPE ROUTE NU	IMBER PREFIX 1-NORT		D NAME (ROAL	, MILEPOST, HOUS	SE #)	ROAD TYPE	LONGITUDE D		4 - INJURY POSSIBLE		
ROUTE TYPE ROUTE NU	2- SOUTI 3- EAST	MAIN				ST	_8 ₁ 1 ₁₀ 3 ₁ 5 ₁ 8	. 2 . 0 . 2 .	5 - PROPERTY DAMAGE		
REFERENCE POINT	DIRECTION 4-WEST	ROUTE TYPI		R	OAD TYPE			INTERSECTION REL			
1 - INTERSECTION	T-MOKIH	R - INTERSTATE ROU	ITE(TP) A	L - ALLEY HV	V-HIGHWAY R	D - ROAD	54	RSECTION OR ON AP			
1 2- MILE POST 3- HOUSE #	3-EAST	S - FEDERAL US ROU	,,,,			Q - SQUARE T - STREET		20111105 1251	4		
DISTANCE		R - STATE ROUTE	C			E - TERRACE	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHE		
FROM REFERENCE	UNIT OF MEASURE	R - NUMBERED COUNTR - NUMBERED TOWN	C			L - TRAIL		ROADWAY			
,5, , ,	2 2-FEET	ROUTE		E TELL TELL TELL TELL	- PIKE V	VA - WAY	ROADWAY DIVIDED				
	N OF FIRST HARMFUL EV	FNT	MA	NNER OF CRASH C	OLI ISTON/IMPA	CT	DIRECTION OF TRAVE		EDIAN TYPE		
1 - ON ROADWA	9 - CROSSOV	ER	1 - NO	T COLLISION 4 - F			1 - NORTH	4 1 1711	DED FLUSH MEDIAN		
0 1 2-ON SHOULD		AY/ALLEY ACCESS Y GRADE CROSSING	, TW	O MOTOR , .	BACKING ANGLE		2- SOUTH		FEET) DED FLUSH MEDIAN		
4 - ON ROADSID	DE 12-SHARED	USE PATHS OR		HIGELS IN	SIDESWIPE, SAM	E DIRECTION	3- EAST 4- WEST	(≥4	FEET)		
5 - ON GORE 6 - OUTSIDE TR	TRAILS	NE			SIDESWIPE, OPPO OTHER / UNKNOV				DED, DEPRESSED MEDIAN DED, RAISED MEDIAN		
7 - ON RAMP	14-TOLL BO	Maria Carlos	3-112	A0-011 /- 0	JIII LIKY ON KINGO		100 12 10 10 10	(ANY	TYPE) R/UNKNOWN		
8 - OFF RAMP	99-OTHER/	UNKNOWN				1199					
WORK ZONE RELA		WORK ZONE TY	PE		OF CRASH IN WO		CONTOUR	CONDITIONS	SURFACE		
WORKERS PRESEN		2 - LANE SHIFT/CROS	SSOVER	W	ARNING SIGN				_2_		
LAW ENFORCEMEN	NT PRESENT	3 - WORK ON SHOULD OR MEDIAN	DER		OVANCE WARNING AREA		1 - STRAIGHT LEVEL	1-DRY 2-WET	1 - CONCRETE		
D ANTINE COURSE TO		4 - INTERMITTENT O	R MOVING WOR		CTIVITY AREA	7 13	2 - STRAIGHT GRADE 3 - CURVE LEVEL	3-SNOW	2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZO	UNE	5 - OTHER		5-16	ERMINATION AR	EA	4 - CURVE GRADE	4-ICE	ASPHALT 3 - BRICK/BLOCK		
	CONDITION		WEAT				9 - OTHER/UNKNOWN	5 - SAND, MUD, DIR			
1 - DAYLIGHT 1 2 - DAWN/DUSK		1-CL		6 - SNOW 7 - SEVERE CR	OSSWINDS		ine in	OIL, GRAVEL 6 - WATER (STANDI	NG. 5 PIRT		
3 - DARK - LIGH	HTED ROADWAY	3-F0	G, SMOG, SMOR	E 8-BLOWING S	AND, SOIL, DIRT		12 1 9.5	MOVING)	9 - OTHER/UNKNOW		
	DWAY NOT LIGHTED NOWN ROADWAY LIGHTI	4 - RA NG 5 - SL	EET, HAIL	9 - FREEZING I	RAIN OR FREEZI NKNOWN	NG DRIZZLE		7 - SLUSH			
9 - OTHER / UNI	KNOWN						The second	9 - OTHER/UNKNOW	14		
NARRATIVE	intro con sales		7 1.527						Indicate the north		
UNIT 2 WAS 9	STOPPED IN	TRAFFIC C	NN.					1	direction with an "N" on the		
				ATN					compass diagram		
	WAITING TO			AIN							
ST. UNIT 1 V	WAS BEHIND	UNIT 2 AN	D			(京)			N WATER ST		
FAILED TO	MAINTAIN A	N ASSURE	D CLEA	R		T T	i i				
DISTANCE A	AHEAD STRI	KING UNIT	2 IN TH	IE			Į				
REAR.					NOT	ro Sca			E MAIN ST		
REAR.	H-Y HIE										
						100					
									The second second		
e such il	At an a				17.7				12.54		
		1.4814									
CRASH REPORTED	DATE / TIME	DISPATCH DATE /	TIME	ARRIV	/AL DATE / TIME		SCENE CLEARED	DATE / TIME	REPORT TAKEN BY POLICE AGENCY		
	1,/,1,3,5,9,0,3			0 3 2 9 2	0,2,1,/,1	4 0 5	0 3 2 9 2 0 2	1 / 1 4 2 3	MOTORIST		
TOTAL TIME ROADWAY CLOSED INV		OTAL OFFICER'	s name* land, Ky	le .			cer's name* er, James				
		Auck		ADGE NUMBER*	E		BY OFFICER'S BADGE	NUMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AK EXISTING REPORT SENT TO COR		
0,0,0	0 3 0 0	5 3 2	3 8				5				

LOCAL REPORT NUMBER

SMETT .	MANCE PROTECTION UNIT							2 0 2 1 -	0	0 0 0 4 9 2 1			
UNIT #	OWNER NAME: LAST, FIRE	Carry.		OWNED PHONE: IL THE ABEA COME (TEL SAME AS DRIVER)					D	AMAGE			
	DDRESS: STREET, CITY, STAT							2 1-NONE		AGE SCALE 3 - FUNCTIONAL DAMAGE			
	RENFORD RD ,UNI		OH 44118	Com	MEDELAL CARRIED	PHONE:	INCLUDE AREA CODE	2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			COMMERCIAL GARRIER PRODUCTION AREA CODE			DAMAGED AREA(S)						
LP STATE	LICENSE PLATE # JGL4353		CLE IDENTIFICATION # 8 H 8 9 7 2 5 8 1	VEHICLE YEAR VEHICLE MAKE 1 8 4 1 2 0 0 9 Chevrolet			IND	ICATE	ALL THAT APPLY				
INSURA VERIFI	T ******** * * * * * * * * * * * * * *		INSURANCE POLICY #	10 4	COLOR	-	HICLE MODEL	11 12		11 12 1			
△ VERIFI	ED SAFE AUTO TYPE OF USE	OH01673058A00 US DOT #	TOWED BY: COMPANY NAME				10 11 1	2	10 11 1 2				
COMME		IN EMERGENCY RESPONSE		1000				9 0 3	3	9 3 3			
INTERLOCK #OCCUPANTS VE			VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS	HAZARDOUS MATERIAL MATERIAL CLASS # PLACARD ID # RELEASED		7,95	7.	7 5 74					
FOUTP	E HIT/SKIP UNI PED	0,1	2 - 10,001 - 26K LBS	Production of the last of the	PLACARD			7 6 5	4	12 7 6 5			
	1 - PASSENGER CAR 2 - PASSENGER VAN (MIN]VAN)	7 - MOTORCYCLE 2-WHEELE			PASSENGERS)		STRIAN / SKATER LCHAIR (ANY TYPE)	10	"	12			
0 1	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14-SINGLE UNITTRUCK 20	O-OTHERVE	HICLE	25 - OTHE	R NON-MOTORIST	/		0 2			
UNIT TYPE	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE		1 - HEAVY EQ 2 - Animal V		26 - BICYC 27 - TRAIN		9	9	3 11 4			
	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			OWN OR HIT/SKIP	8	V!	5 4			
	# OF TRAILING UNITS						4	11 12	7	5 12 1			
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED				NAL AUTOMATION OMATION	N 9 - UNKN	CWN	10 12	2	10 11 2			
2	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMO MODE LEVI	NOMOUS 2 - PARTIAL AUTOMATION 5		4 - HIGH AUTOMATION 5 - Full Automation			10 2)3	9 9 3 3			
	1 - NONE	6 - BUS - CHARTER/TOUR		16-FARM		21 - MAIL	CARRIER	- i i -	1	8 4			
	0 1 2 - TAX			17 - MOWING 18 - SNOW REMOVAL 19 - TOWING		99 - OTHER / UNKNOWN		8 6 5	4	8 7 5 4			
								6 5		7 6 5			
	5 - BUS - TRANSIT/COMMUTER		15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE					13	2 12 12				
0 1	1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE MOTOR VEHICLE 4 - LOGGING TYPE TYPE 4 - LOGGING		CHACCIC	- POLE - CARGOTAN	POLE 12 - CONCRETE I CARGOTANK 13 - AUTOTRAN			12					
BODY			7 CONTRICTIONS/CONTROL	O-FLAT BED 1-DUMP			AGE/REFUSE R/UNKNOWN	, good 3	9	6 3 9 T 3 9 🕸 3			
					OTOR TROUBLE 99 - OTHER / UNKNOWN		0	4	100				
VEHICLE	HICLE 2 - HEAD LAMPS 5 - STEERING				FROM PRIOR	.,		6	6	6 6			
DELECTS	TO THE LAMES OF THE DESTROY				·/			- NO DAMAG	E[0]	- UNDERCARRIAGE [14]			
لسلسا	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED		- MEDIAN <i>i</i> CI O-Driveway	ROSSING ISLAND Y ACCESS		RESPONDER CIDENT SCENE	-TOP [13]		-ALL AREAS [15]			
LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK 5 -TRAVEL LANE - OTHER LOGI		8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS		99 - OTHEI	A / UNKNOWN	□ - UI	NIT NO	OT AT SCENE [16]			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN 13	3 - NEGOTIAT	ING A CURVE	18-APPR		INIT	TAL DO	DINT OF CONTACT			
1 4	2-NON-COLLISION 3-STRIKING 0 1	2 - BACKING 3 - CHANGING LANES	B - ENTERING TRAFFIC LANE 14 9 - LEAVING TRAFFIC LANE		OR CROSSING D LOCATION	OR LE	AVING VEHICLE DING	0 - NO DAM		14 - UNDERCARRIAGE			
ACTION	4 - STRUCK PRE-CRASH	4 - CVERTAKING/PASSING	10 - PARKED 15	5 - WALKING, JOGGING, I			R NON-MOTORIST	1 2 1-12 - REFE		JNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN			
	5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHTTURY 6 - MAKING LEFTTURN	10 1 1 1 1 1 1 1 1 U	6 - WORKING		DISAB	DING OUTSIDE Led Vehicle	13 - TOP		77 UNINGWI			
	9-OTHER/UNKNOWN		Is sufficient	7 - PUSHING 1			R / UNKNOWN		TR	AFFIC			
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / A	ACDA PARKED POSITION 18		G DEFECTIVE		IN ROADWAY ISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY		TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
10101	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9-IMPROPER LANE CHANGE		EQUIPMEN Baldad Shir	NT FT!NG/FALL!NG/	23 - OPENI ROAD!	NG DOOR INTO	2 2 - TWO-WAY		2 2 - SIGNAL 5 - YIELD SIGN			
CONTRIBUTING CIRCUMSTANCES	5-UNSAFE SPEED	10-IMPROPER PASSING 11-Drove off road	15 - SWERVING TO AVOID	SPILLING			R IMPROPER ACTION			3 - FLASHER 6 - NO CONTROL			
	6-IMPROPERTORN	12-IMPROPER BACKING	a a	0-IMPROPER	n onuaaintu			# of THROUGH LANES ON ROAD		RAIL GRADE CROSSING 1 - NOT INVOLVED			
	OF EVENTS		EVENTS					_2_		2 - INVOLVED-ACTIVE CROSSING			
11 4 1 0 1	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF 17	5 - RAILWAY V 7 - ANIMAL —		22 - WORK EQUIP	ZONE MAINTENANCE MENT			3 - INVOLVED-PASSIVE CROSSING			
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL 18	6-ANIMAL — 9-ANIMAL —	- DEER		K BY FALLING, ING CARGO OR	UNIT / N	IDN-M	DTORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10-CROSS MEDIAN	13 OTHER NOW COLD ICTOM	- MOTOR VE TRANSPOR	HICLE IN	BYAA	HING SET IN MOTION Noter vehicle	1	, ,	2 - SOUTH 6 - NORTHWEST			
3	LOSS OR SHIFT		15-PEDALCYCLE 21	-PARKED M	OTOR VEHICLE	24-OTHER	MOVABLE OBJECT	FROM 1 TO		3 - EAST 7 - SOUTHEAST 4 - WEST 6 - SOUTHWEST			
AL	25 - IMPACT ATTENUATOR	COLLIST 31-GUARDRAIL END	ION WITH FIXED OBJECT - 37-Traffic Sign Post 43	- STRUC 3-CURB	:K		ZONE MAINTENANCE			9 - OTHER / UNKNOWN			
4 []	/CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER		4 - DITCH 5 - EMBANKM	IENT	EQUIP 51 - WALL		UNIT SPEED		DETECTED SPEED			
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	SUPPORT 46	6-FENCE		52 - BUILD 53 - TUNNI		0 0 5		1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR			
	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE 48	7-MAILBOX B-TREE		54-OTHER	R FIXED OBJECT	POSTED SPEED		3 - UNDETERMINED			
-	29-BRIDGE RAIL 30-Guardrail Face	36 - MEDIAN OTHER BARRIER	OR SUPPORT 49	-FIRE HYDE	RANT	99 - OTHER	R / UNKNOWN						
1_1_	FIRST HARMFUL EVEN	T 1 MOST	HARMFUL EVENT					2 5					

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

2,0,2,1,-,0,0,0,4,9,2,1

UNIT #	OWNER NAME: LAST, FIRS	T, MIDDLE (SAME AS GRIVER)	700	OWNE	R PHANF-IL"	DE ABEA PAGE (CAME AS DRIVER)	DAMAGE				
	CERMAK, THOMA				Cart			MAGE SCALE			
4	DDRESS: STREET, CITY, STATE,				2 1- NONE 3- FUNCTIONAL DAMAGE						
	HRAVES AVE ,GARF	and the same of th	125				2- MINOR DAM				
COMMER	CIAL CARRIER: NAME, ADDR	ESS, CITY, STATE, ZIP		Сом	MERCIAL CARRIER	PHONE: INCLUSE AREA CODE	9 - UNKNOWN				
							DAMAGED AREA(S) INDICATE ALL THAT APPLY				
LP STATE	LICENSE PLATE #		IDENTIFICATION #		VEHICLE YE		INDIOA	TE ACE THAT AFFEI			
OH	HPX3348		F ₁ 7 ₁ H ₁ H ₁ 1 ₁ 2 ₁ 4 ₁ 2	213141	2 0 1		12 1	12 1			
X INSURA	NCE INSURANCE COMP		NSURANCE POLICY #		COLOR	VEHICLE MODEL	12	12			
AEKILI		1 9	904724F1535B		BLK	ELANTRA	10 11 1 2	10 11 1 2			
Comme	TYPE OF USE	T IN EMERGENCY	US DOT #	TOWE	D BY: COMPAN	NAME	10 2				
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		1	HAZARDO	US MATERIAL		"_ 10 1			
INTER	LOCK	#UCCUPANTS	HICLE WEIGHT GVWR/GCWR 1 - ≤10K L8S			LASS # PLACARD ID #	7	7 HY 7			
DEVIC	E HIT/SKIP UNIT		2 - 10,001 - 26K LBS		RELEASED PLACARD		6	Y			
The second		0,2	3 - >26K LBS				6 11	12 7 6			
0.27		7 - MOTORCYCLE 2-WHEELED			ERY VEHICLE)	23 - PEDESTRIAN / SKATER	40 <	12			
0 1		8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE		19-BUS (16+ 20-OTHER VE		24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST		11 1 2			
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED		21 - HEAVY EC		26-BICYCLE	9	9 3 3			
	5 - CARGO VAN	BICYCLE			VITH RIDER OR	27 - TRAIN		a 11 4			
No.	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	17 - MOTORHOME	ANIMAL-S	RAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 8 5 4			
# ,	# OFTRAILING UNITS	(ATV/UTV)				17-	12 7	6 5 12			
#				-			11	6 11			
VEH	WAS VEHICLE OPERATING IN AUT MODE WHEN CRASH OCCURRED				NAL AUTOMATION	9 - UNKNOWN	10 12 2	10 11 2			
2	1-YES 2-NO 9-OTHER/UNKA			4 - HIGH AUT 5 - FULL AUT			10 2	10 2			
	T-109 S-NO A-OIHEKIONKY	MODE LEVEL	E - CARLIAC AUTOMATION	3 - FULL AUT	UMALIUM	THE RESERVE OF THE PERSON NAMED IN	9 3 3	9 9 3 3			
	1 - NONE	6 - BUS - CHARTER/TOUR	11 -FIRE	16-FARM		21 - MAIL CARRIER	- 0 0 -				
1011		7 - BUS - INTERCITY		17 - MOWING		99-OTHER/UNKNOWN	8 7 5 4	8 7 5 4			
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13-POLICE	18-SNOW RE	MOVAL		100	7			
FUNCTIO	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		19-TOWING			6	6			
	5 - BLS - TRANSIT/COMMUTER	10-AMBULANCE	15-CONSTRUCTION EQUIPMENT	20 - SAFETY S	ERVICE PATROL			12 12 12			
10		3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	B - POLE		12 - CONCRETE MIXER	12				
CARGO	/ NOT APPLICABLE	MOTOR VEHICLE		9 - CARGOTA	NK	13 - AUTOTRANSPORTER	0.0				
BODY	2 - BUS	4 - LOGGING		10-FLAT BED		14-GARBAGE/REFUSE	9R A R3 9	E 3 9 1 3 9 1 3			
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUMP		99-OTHER / UNKNOWN					
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TR	OUBLE	99 - OTHER / UNKNOWN	6	000			
VEHICLE	2 - HEAD LAMPS	5 - STEERING			FROM PRIOR	DESCRIPTION OF STREET		6 6			
DEFECTS		6 - TIRE BLOWOUT	DEFECTIVE	ACCIDEN							
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	D MEDIANIC	ROSSING ISLAND	12-FIRST RESPONDER	- NO DAMAGE [0] - UNDERCARRIAGE [14]			
1-1-1	ODOCCHUSEN	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10-DRIVEWA		AT INCIDENT SCENE	□-T0P (13)	☐-ALL AREAS [15]			
HON-MOTORIS	T 2-INTERSECTION - UNMARKED	CROSSWALK			JSE PATHS OR	99 - OTHER / UNKNOWN	G 10. (2)	- ALL AILEAU [12]			
AT IMPACT		5 -TRAVEL LANE - OTHER LOCATES		TRAILS			□-UNIT	NOT AT SCENE [16]			
1	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIA	TING A CURVE	18-APPROACHING					
4		2 - BACKING	8 - ENTERING TRAFFIC LANE		G OR CROSSING	OR LEAVING VEHICLE	0 - NO DAMAG	. POINT OF CONTACT E 14 - UNDERCARRIAGE			
4	3-STRIKING 111	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		DLOCATION	19-STANDING	3.20 05550	TO UNIT 15 - VEHICLE NOT AT SCENE			
ACTION	4 - STRUCK PRE-CRASH	4 - CVERTAKING/PASSING	10 - PARKED	INCCINC PLAYING		20 - OTHER NON-MOTORIST	0 6 1-12 - REFER DIAGRA				
	5 - BOTH STRIKING ACTIONS & STRUCK		11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING		21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP	,, ониночи			
1000	9-OTHER/UNKNOWN	6 - MAKING LEFT TURN	12-DRIVERLESS	17 - PUSHING	VEHICLE	99-OTHER/UNKNOWN		TRAFFIC			
1		7. LECT OF CENTER		17 1/10/00/0	RETDUCTION	21 IVING IN BOADWAY	100	TRAFFIC			
de la constant	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACC	DARWER BACITION	17 - VISION O	NG DEFECTIVE	21 - LYING IN ROADWAY 22 - NGT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL			
0.1	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	EQUIPME		23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
0,1	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID		FTING/FALLING/	RUADWAY	2 2-1W0-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CONTRIBUTING CIRCUMSTANCE	S 5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING		99 - OTHER IMPROPER ACTION					
	6-IMPROPERTURN	12-IMPROPER BACKING	ad - tringing time	20-IMPROPE	n Chossing		# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING			
	E OF EVENTS	REPUBLIA IA		000	10.15			1 - NOT INVOLVED			
М	1 SUPSTIBLIES LAVES	/ PAULBUPUP OF THE	EVENTS	24 84444	WEIMAN E	OR INDON SOME AND	2	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
1 2 10	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF	16 - RAILWAY		22 - WORK ZONE MAINTENANCE EQUIPMENT		2 WASTER WORLD CHARGEING			
	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	18-ANIMAL		23 - STRUCK BY FALLING,	UNIT / NO	-MOTORIST DIRECTION			
2[4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL		SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST			
	5 - CARGO / EQUIPMENT	10-CROSS MEDIAN	13-OTHER NON-COLLISION 14-PEDESTRIAN	20 - MOTOR V		BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST			
31_1	LOSS OR SHIFT		15-PEDALCYCLE	TRANSPO 21 - PARKED	IRT Motor Vehicle	24-OTHER MOVABLE OBJECT	FROM L TO L	2 3 - EAST 7 - SOUTHEAST			
	Market Street	COLLISIO	N WITH FIXED OBJECT					4 - WEST 6 - SOUTHWEST 9 - OTHER / UNKNOWN			
41	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB		50 - WORK ZONE MAINTENANCE		A - ALUEK / AUKUAMA			
4	/ CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH		EQUIPMENT	UNIT SPEED	DETECTED SPEED			
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES SUPPORT	45 - EMBANK	MENT	51 - WALL 52 - BUILDING		1 - STATED / ESTIMATED SPEED			
51_1	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40-UTILITY POLE	46 - FENCE 47 - MAILBOX		53 - TUNNEL	0,0,0	2 - CALCULATED / EDR			
	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBUA		54 - OTHER FIXED OBJECT	DARTER CAPE	3 - UNDETERMINED			
6	29-BRIDGE RAIL	BARRIER	OR SUPPORT	49-FIRE HY	DRANT	99-OTHER/UNKNOWN	POSTED SPEED	3 - GROET ENMINED			
1	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT				2,5				
	FIRST HARMFUL EVEN	T MOST	IARMFUL EVENT								

OHIO DEF	FPUBLISATION MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
									2,0,2,1,-,0,0,0,4,9,2,1,							
UNIT#	NAME: LAST, FIRST, MIDDLE EDWARDS, NICHOLAS, BRANDON									DATE OF BIRTH AGE GENDER 1 1 1 1 8 / 1 9 9 8 2 2 M						
0,1	272-22 1000 100		S, BRA	INDO	N								8 2 2	M		
	VRENF	ORD RD ,UNIVI	ERSIT	Y HTS	S ,O	H 44118			CONTAC	T PHON	E - INCLUDE AREA	CODE	TIBLET			
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED (AKEN 10	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		OMPLIAN	SEATING POSITI	ON AIR BAG	USAGE EJECTIO	N TRAPPED		
2 _ 5	BY							0,4		ELMET	0 1	1		1		
OL STATE	OPERATOR L	OPERATOR LICENSE NUMBER OFFENSE CHARGED					LOCAL C <u>ode</u>	OFFENSE DESC		17	•,	- 1	TION NUMBER			
O, H,	ENDORSEMENT	RESTRICTION SELECT	Innn					Maximu	-	ed Li		624	95 Drug testa	6)		
OF CLASS	SELECT UP TO 2	RESIRIETION SELECT	VER TRACTED ALCOHOL / DRUG SUSPECTED MARIJUANA			CONDITION	STATUS TYPE VALUE			STATUS		LT SELECT UP TO 4				
4			1 OTHER DRUG			1	_1	1		_1_	_1	نالات				
UNIT#	NAME: LAST, I	FIRST, MIDDLE		•						DA	TE OF BIRTH		AGE	GENDER		
0,2	CERM	AK, MATTHEW	, THO	MAS					0 8	/ 2	6,/,2	00	3 1 7	M		
	STREET, CITY, ST	*							CONTAC	T PHON	E - INCLUDE AREA	CODE				
<u> </u>		ES AVE ,GARFI	ELD H						L							
Z	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED T	AKEN TO:	: MEDICAL FACILITY	CHAME, CITY:	SAFETY EQUIPMENT		OMPLIAN		ON AIR BAG	USAGE EJECTION	N TRAPPED		
		TOTAL MILLION						0,4		ELMET	0 1	_]	<u> 1</u>	<u> 1</u>		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	E CHAR	RGED	CODE	OFFENSE DESC	RIPTION			CITAT	CITATION NUMBER			
O, H, old Class	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRIN	/FR	AL CC	OHOL / DRUG SUSPI	ECTED	CONDITION	AL	COHOL	TEST	DRUG TEST(S)				
or orno	SELECT UP TO 2	NO THE SECTION		TRACTED			RIJUANA	CONDITION		TYPE	VALUE	STATUS		LT SELECT UPTO 4		
4						OTHER DRUG			1	1	,	_1_	1			
UNIT#	NAME: LAST, I	TIRST, MIDDLE								DA	TE OF BIRTH		AGE	GENDER		
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ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTAC	T PHON	E - INCLUDE AREA	CODE				
0 10 10 10 10 10 10 10 10 10 10 10 10 10												-	1 1			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDTA	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		OMPLIANT ELMET	SEATING POSITION	ON AIR BAG	USAGE EJECTION	TRAPPEB		
OL STATE	الـــا `	ICENSE NUMBER		OFFENSE CHARGED LOCAL			OFFENSE DESC		LLINE	L	CITAI	ION NUMBER	الـــــا			
ORIS		TO ENOUGH		0112113	LOHA		CODE	OTTENSE DESC	**********			OI IA	IION NOMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALCO	HOL / DRUG SUSPE	ECTED	CONDITION		COHOL			DRUG TEST(
le l	SELECT UP TO 2		BY	RACTED	AI	LCOHOL MAF	RIJUANA		STATUS	TABE	AVENE	STATUS	TYPE RESU	LT SELECTOPIO4		
					01	THER DRUG			L L	-	اللبالا			الا		
1- FATAL	RIES	1 - FRONT - LEFT SIDE	1 - NOT DEP	IR BAG LOYED	Total Control	OL GLASS 1-CLASS A		OL RESTRIC			VER DISTRAC OT DISTRACTED	TION	TEST ST	ATUS		
A CONTRACTOR	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT	E ONLY	2 - M.	ANUALLY OPERATIO		2 - TEST REFUSED			
3 - SUSPECTED I		3- FRONT - RIGHT SIDE	3 - DEPLOYE		IT / SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE	NSES	DE	ECTRONIC COMMUI VICE (TEXTING, TY		3-TEST GIVEN, CO SAMPLE / UNUS			
5 - NO APPAREN		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPI	PLICABLE (OHIO = D)				5 - EXCEPT CLASS	2 - INCIGING ON HUMBS-110			REE				
INJURED '	TAKEN BY	5 - SECONO - MIDDLE	9 - DEPLOYN	MENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID OL				6 - EXCEPT CLASS A & CLASS B BUS				IINKNUM				
1 - NOT TRANSPO		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	FI	7-EXCEPT				7 - EXCEPT TRACTO	CTOR-TRAILER COMMUNICATION DEVICE				ALCOHOL TEST TYPE			
2-EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJEC					8 - INTERMEDIATE RESTRICTIONS	ICENSE 5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE			1 - NONE				
3-POLICE 9-OTHER/UNK	MONAN	8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIALI	LY EJECTED M - MOTORCYCLE			9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 2 - BLOOD 7 - OTHER DISTRICTION 3 - URINE			3 - URINE				
North State of the	*	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY 4 - NOT APPI			P - PASSENGER N - TANKER			LO - LIMITED TO DAYLIGHT ONLY			7 - OTHER DISTRACTION 5 - ORING INSIDE THE VEHICLE 4 - BREATH				
1-NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	TE	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMP 12 - LIMITED - OTHE			HER DISTRACTION E VEHICLE	OUTSIDE	5-OTHER			
2 - SHOULDER B	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRAF		0516	R - THREE-WHEEL MO S - SCHOOL BUS	TURCYCLE	13 - MECHANICAL DE	EVICES 9-OTHER/UNKNOWN				DRUG TEST TYPE			
3 - LAP BELT ON	LAP BELT USED	PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICAT MECHANI	TED BY ICAL MEANS		T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O	THER	ER CONDITION			1 - NONE 2 - BLOOD			
5 - CHILD RESTR	RAINT SYSTEM -	CARGO AREA 13-TRAILING UNIT	3 - FREED BY	Y HANICAL ME	ANS	X - TANKER / HAZMAT		ADAPTIVE DE VIO 14 - MILITARY VEHIC		S) 1 - APPARENTLY NORMAL S ONLY 2 - PHYSICAL IMPAIRMENT WITHOUT 3 - EMOTIONAL (E.G., DEFRESSED,			3 - URINE 4 - OTHER			
6 CHILD RESTR	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR	The live of			GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT					ESILTIE)		
REAR FACING 7 - BOOSTER SEA		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO	R	4-1EL	R (DISTURBED)		1-AMPHETAMINE			
8 - HELMET USE		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID 18 - OTHER		5- FELL ASLEEP, FAINTED, FATIGUED, ETC.			2 - BARBITURATES			
9 - PROTECTIVE (ELBOW, KNE								10.UINEK		6-UN	DER THE INFLUENCE		3 - BENZODIAZEPII 4 - CANNABINOI DS	VE S		
10 - REFLECTIVE	CLOTHING									OF MEDICATIONS / DRUGS / ALCOHOL			5 - COCAINE			
11 - LIGHTING - P / BICYCLE ON										9-0TI	IER / UNKNOWN		6-OPIATES/OPIOI 7-OTHER	DS		
99-OTHER/UNK		N											8 - NEGATIVE RESU	ILTS		

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER						
			2,0,2,1,-,0,0,0,4,9,2,1,											
UNIT#		T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER							
02		ER, CORRIN	, ELIZAB	ЕТН			0 9 / 1 7 / 2 0 0 3 1 7 F							
a a	: STREET, CITY,		Desirent	D 077 440 (5			CONTACT PHONE - INCLUDE AREA CODE							
3 /388 .		OW WAY ,NO	RTHFIEL							B 8				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5						0,4	MC HELMET	0,3	1 1	_1_	_ 1			
UNIT#	NAME: LAS	T, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER											
ADDRES CYCLY CITY CITY CITY														
ADDRESS: STREET, CITY, STATE, ZIP								- INCLUDE AREA CO	DE					
INJURIES	INJURED	EMS AGENCY (NAME)		SAFETY EQUIPMENT										
	TAKEN BY	and reality (walke)		INJURED TAKEN TO: MEDICAL FACIL	LITT CHARME, CLITT	USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
UNIT#	NAME-1AS	T, FIRST, MIDDLE												
	WHILE END	,, , , , , , , , , , , , , , , , , , , ,					JAI	E OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COL						
400								- INCLUDE AREA COL	JE.					
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	JSAGE EJECTION TRAPPED				
	TAKEN BY					USED	DOT-COMPLIANT							
UNIT#	NAME: LAS	T, FIRST, MIDDLE				DAT	E OF BIRTH		AGE	GENDER				
200								AGE GENDEN						
ADDRESS:	STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
				1 1 1			1 1							
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			
	ВУ						MC HELMET							
	Married Street	RIES	END HOLL MARCH	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	AGE				
1 - FATA		DIQUE IN HIDV	1 - NONE US VEHICLE	ED - 1 - FRONT – LEFT SIDE OCCUPANT (MOTORCYCLE DRIV			(ER)							
		RIOUS INJURY NOR INJURY	2 - SHOULDE	R BELT ONLY USED	2 - DEPLOYED FRONT									
	SIBLE INJU		3 - LAP BELT	ONLY USED	T - RIGHT SIDE									
5 - NO A	PPARENT I	NJURY	4 - SHOULDE	ER & LAP BELT USED 4 - SECOND - LEFT (MOTORCYCLE				FRONT/	Printed the second second second					
	INJURED	TAKEN BY	5 - CHILD RE FORWARD	STRAINT SYSTEM -	5 - NOT APPLICABLE									
1 - NOT	TRANSPOR			STRAINT SYSTEM -	9 - DEPLOYMENT UNKN			10MN						
	EATED AT S	CENE	REAR FAC	CING	CAR)		EJECTIO	N						
2 - EMS			7 - BOOSTER			D – MIDDLE D – RIGHT SIDE		1 - NOT EJI	ECTED					
3 - POLI	CE Er / Unkno	14/81	8 - HELMET	USED IVE PADS USED	10 - SLEE	PER SECTION C	FTRUCK CAB		LLY EJECTE	D				
7-0111				(NEES, ETC.)	ER ENCLOSED RAILING UNIT,		3 - TOTALLY EJECTED 4 - NOT APPLICABLE							
F - FEMA		DER	10 - REFLECT	IVE CLOTHING	CLOTHING BUS, PICK-UP WITH CA						200			
M - MALE			11 - LIGHTING	- PEDESTRIAN	NCLOSED	TRAPPED			htteten					
U - OTHE	R / UNKNOV	VN	99 - OTHER / L		ING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL							
						IG ON VEHICLE FRAILING UNIT)	EXTERIOR	MEANS						
					15 - NON-N			3 - FREED	BY NON-ME	CHANICA	L			
NAME-1 AS	ST, FIRST, MIDDI	F			99 - OTHE	R / UNKNOWN					2.23			
2	. , ,						UAT	E OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COD	E					
										1	1			
NAME: LAST, FIRST, MIDDLE							DAT	E OF BIRTH		AGE	GENDER			
2								1/11						
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA COD	E					
NAME-140	ST, FIRST, MIDDI													
MANIE: LAS	i, rikal, MIDDL	·E					DAT	E OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COD		1				