OHIO DEPARTMENT TRAFFIC CRASH R	LOCAL REPORT NUMBER*									
1 1 0 1 - 2 1 1 0 1 - 3 1	OH-2 OH-3 LOCAL INFORMATION									
	OH-1P OTHER REPORTING AGENCY NAME*				NUMBER OF UNITS	UNIT IN ERROR				
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	e _0	6,7,0,3	1 - SOLVED L 2 - UNSOLVED	$\begin{bmatrix} 0_1 1 \end{bmatrix} \begin{bmatrix} 0_1 \end{bmatrix}$	1 98 - ANIMAL 99 - UNKNOWN				
1 - CITY	VILLAGE, TOWNSHIP*		CRASH DATE / TIME*  CRASH SEVERITY  1 - FATAL							
6,7 2-VILLAGE Kent	06142023/1212 2 - SERIOUS INJURY									
S - SOUTH	OCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED  3 - MINOR INJURY						
W-WEST	GOUGLER		A V	41,15,7,6,0,4						
S - SOUTH	REFERENCE ROAD NAME (ROAD	D, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	10.5	- INJURY POSSIBLE				
E-EAST 4	125			-8 <sub>1</sub> ,3 <sub>5</sub> 9	8,4,0	- PROPERTY DAMAGE ONLY				
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE IR - IN	ROUTE TYPE	ROAD TYPE	DD DOAD		INTERSECTION RELATE	D				
3 2-MILE POST S-SOUTH US-F			RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPROA	ACH				
3-H003E #   E-EA31	TATE ROUTE BI		ST - STREET	WITHIN INTE	RCHANGE AREA NUN	IBER OF APPROACHES				
DISTANCE DISTANCE CR - N FROM REFERENCE UNIT OF MEASURE	HIMBERED COUNTY ROUTE		TE - TERRACE TL - TRAIL	ROADWAY						
	OUTE		WA - WAY	ROADWAY DIV	IDED					
3 - YARDS	1	E - HEIGHTS PL - PLACE								
LOCATION OF FIRST HARMFUL EVENT  1 - ON ROADWAY 9 - CROSSOVER		NNER OF CRASH COLLISION/IMPA T COLLISION 4 - REAR-TO-REAR	CT	DIRECTION OF TRAVEI N - NORTH		N TYPE FLUSH MEDIAN				
0 2 2-ON SHOULDER 10-DRIVEWAY/AI	ADE ODOSCINIC   1 TW	TWEEN 5-BACKING		S - SOUTH	( < 4 FEET	7)				
4 - ON ROADSIDE 12-SHARED USE	ADE CROSSING VE	HICLES IN 6-ANGLE ANSPORT 7-SIDESWIPE, SAN	IE DIRECTION	E - EAST W - WEST	(≥4 FEET					
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - RE/ 3 - HE/	AR-END 8 - SIDESWIPE, 0PP AD-ON 9 - OTHER / UNKNO				DEPRESSED MEDIAN RAISED MEDIAN				
7 - ON RAMP 14-TOLL BOOTH		AD-ON 7-OTHER FORKIO	***		(ANY TYP 9 - OTHER/UN	E)				
8-OFF RAMP 99-OTHER/UNK			10.4.100.0000 to 400.00							
WORK ZONE RELATED	WORK ZONE TYPE Ane Closure	1 - BEFORE THE 1ST		CONTOUR 1	CONDITIONS	SURFACE				
WORKERS PRESENT 2 - LA	ANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNI	NC AREA		1 DBY	1 CONCRETE				
	ORK ON SHOULDER R MEDIAN	3-TRANSITION ARE			1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,				
The state of the s	ITERMITTENT OR MOVING WOR THER	4 - ACTIVITY AREA 5 - TERMINATION AR	FΔ	3 - CURVE LEVEL	BITUMINOUS, ASPHALT					
				4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK				
LIGHT CONDITION  1 - DAYLIGHT	1-CLEAR	6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE				
1 2-DAWN/DUSK	0 2 2 - CLOUDY	7 - SEVERE CROSSWINDS			6 - WATER (STANDING, MOVING)	5 - DIRT				
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	9 - FREEZING RAIN OR FREEZ			7 - SLUSH	9 - OTHER/UNKNOWN					
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN					
						Y 10 1 11 11				
NARRATIVE						Indicate the north direction with an "N" on the				
UNIT 1 WAS TRAVELING N/B I	IN FRONT OF 425	GOUGIER AVE.				compass diagram.				
UNIT 1 FAILED TO STAY IN T	HE LANE AND E				1 11					
PARKING STALLS ON THE R	IGHT SIDE OF G		t To S	cale	SAFETY	CONIES				
UNIT 1 STRUCK A DEMOLISI	HON DUMPSTER	CONTAIN (N)	)							
					i 📕 l	GOUGLER AVE				
CAUSING UNIT 1 A RIGHT FRONT FLAT TIRE, SIDE AIR										
DEPLOYMENT AND OTHER RIGHT SIDE VEHICLE DAN										
DUMPSTER/CONTAINER WA	S ALSO DAMAGI	ED.		GOUGLERAVE	1 11					
WITNESS WAS DRIVING BEHIND UNIT 1.										
OWNER INFORMATION FOR					20 120 10					
	ISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I		POLICE AGENCY				
0.6.1.4.2.0.2.3./.1.2.1.2.0.6.1.4					3 <sub>1</sub> / <sub>1</sub> 1 <sub>1</sub> 4 <sub>1</sub> 2 <sub>1</sub> 3 <sub>1</sub>	MOTORIST				
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTES	officer's name* Fuller, James	hearer, I	cer's name* Nicholas	l H	SUPPLEMENT					
	BY OFFICER'S BADGE N	IUMBER*	(CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO ODPS)							
0 0 0 0 9 0 2 2	1 2 2 1		2 0	1 1						

	LOCAL REPORT NUMBER
	$2 \cdot 0 \cdot 2 \cdot 3 \cdot - 0 \cdot 0 \cdot 0 \cdot 0 \cdot 9 \cdot 2 \cdot 1 \cdot 9$
(1)	DAMAGE DAMAGE SCALE
_	1 - NONE 3 - FUNCTIONAL DAMAGE
20	2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
E J	DAMAGED AREA(S)
E	INDICATE ALL THAT APPLY
	11 12 1 11 12
L	10 11 12 12 10 11 1 1 2
	10 0 1
	$\begin{bmatrix} 9 & \hline & 9 & \hline & 0 & \hline & 4 & \hline & 3 & & 9 & \hline & 6 & \hline & 4 & \hline & & & & \end{bmatrix}$
#	8 7 5 4
	7 6 5 12 7 6 5
	6 11 12 6
PE)	10 11 1 2
	9 9 3 3
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	11 12 1 6 11 12
	10 11 1 1 2
	9 9 3 3
	8 4 7
	8 7 6 5
	6
	12 12 12
	12
	9 3 9 8 3
	<b>A</b> . <b>II</b> .
	6 6 6
	☐-NO DAMAGE[0] 🖾 - UNDERCARRIAGE [14]
	☐-TOP [13] ☐-ALL AREAS [15]
	- UNIT NOT AT SCENE [16]
	INITIAL POINT OF CONTACT
	0 - NO DAMAGE 14 - UNDERCARRIAGE
	1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN
	13-TOP
	TRAFFIC
	TRAFFIC WAY FLOW TRAFFIC CONTROL
	1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 1 - 2 - TWO-WAY 6 2 - SIGNAL 5 - YIELD SIGN
ON	3 - FLASHER 6 - NO CONTROL
0290	# OF THROUGH LANES RAIL GRADE CROSSING
	ON ROAD 1 - NOT INVOLVED  2 1 2 - INVOLVED-ACTIVE CROSSING
NCE	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
	ļ—————————————————————————————————————

OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) SOFRANEC, THOMAS, J Redacted per ORC 149.43(A OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 360 SUMMIT ST 308 ,Kent ,OH 44240 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA COD **VEHICLE IDENTIFICATION #** VEHICLE MAK LP STATE LICENSE PLATE # VEHICLE YEAR 1, F, A, F, P, 5, 5, U, X, Y, G2, 5, 9, 1, 5, 1, 2 0 0 0 Ford O H 077YZY INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODE NATIONWIDE BLU9234J249347 TAURUS TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE City Service HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID 1 - ≤10KLBS RELEASED HIT/SKIP UNIT 2 - 10,001 - 26K LBS.  $0_{\perp}1$ PLACARD 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 TY 0 1 2 - PASSENGER ..... 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) \_\_\_\_\_ # of TRAILING UNITS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 AUTONOMOUS 2 - PARTIAL AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 16-FARM 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 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 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODY TYPE 8 - POLE 12 - CONCRETE MIXER 0 1 / NOT APPLICABLE MOTORVEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL 99 - OTHER / UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR VEHICLE 2 - HEAD LAMPS 5 - STEERING DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER 9 - MEDIAN/CROSSING ISLAND 1 - INTERSECTION - MARKED 6 - BICYCLE LANE 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED 99 - OTHER / UNKNOWN CROSSWALK B - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 0 1 3 - CHANGING LANES 3\_\_\_ 3-STRIKING 19-STANDING SPECIFIED LOCATION 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10-PARKED JOGGING, PLAYING 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS 1-NONE 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY 7 - LEFT OF CENTER PARKED POSITION 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 14 - STOPPED OR PARKED EQUIPMENT 23 - OPENING DOOR INTO 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 1 1ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID SPILLING 99 - OTHER IMPROPER ACT 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING SEQUENCE OF EVENTS NON-COLLISION 0 8 1 - OVERTURNIROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENA OPPOSITE DIRECTION OF EQUIPMENT 17 - ANIMAL - FARM 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS TRAVEL 23 - STRUCK BY FALLING, **UNIT / NON-MOTORIST DIRECTION** 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGOOR 5 4 4 JACKKNIFE 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT BY A MOTOR VEHICLE 10 - CROSS MEDIAN 14-PEDESTRIAN FROM 2 TO 1 TRANSPORT 7 - SOUTHEAST 3 - EAST LOSS OR SHIFT 24 - OTHER MOVABLE OBJECT 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 43-CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED

51-WALL

52 - BUILDING

54 - OTHER FIXED OR JECT

99 - OTHER / UNKNOWN

53-TUNNEL

0 2 5

POSTED SPEED

2 | 5

45 - EMBANKMENT

49-FIRE HYDRANT

46-FENCE

48-TREE

47 - MAILBOX

39-LIGHT/LUMINARIES

41 - OTHER POST, POLE

SUPPORT

40 - UTILITY POLE

OR SUPPORT

42 - CULVERT

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

BARRIER

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

26-BRIDGE OVERHEAD

27 - BRIDGE PIER ORABUTMENT

STRUCTURE

28-BRIDGE PARAPET

30 - GUARDRAIL FACE

29-BRIDGE RAIL

1 - STATED / ESTIMATED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

OFFURIOR SAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
Washington Maintenant							2 + 0 + 2 + 3 + - + 0 + 0 + 0 + 0 + 9 + 2 + 1 + 9 +								
UNIT#	Section of the sectio							DATE OF BIRTH AGE GENDER							
0,1								0 6 0 4 1 9 5 9 6 4 M							
	SUMMIT ST 308, Kent, OH 44240							Reda	acte	d per O	RC 1	49.43	(A)(1) <sub></sub>		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)				MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	MC HELMET 0 1 3 1 1						
<sup>0</sup> 4	BY 2	Kent Fire		UHP	MC			_0_4_		LMET	0 1	3_	_1	1	
OL STATE	OPERATOR Redac	LICENSE NUMBER Sted per ORC 450	1-1-10	OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATION NUMBER			
O H								Failure to Control			TEST	2621	DRUG TEST(S)		
OL CLASS	SELECT UP TO 2			TRACTED				CONDITION	STATUS T					LT SELECTUPTO4	
4	ے ایس	اریا ہے ا		1 X OTHER DRUG 6			6	_1_	1.	التات	5_	2	الالا		
UNIT #	NAME: LAST	, FIRST, MIDDLE								DAT	E OF BIRTH		AGE	GENDER	
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
0											1 1				
INJURIES	TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION			AIR BAG US	SAGE EJECTION	N TRAPPED	
<u> </u>	BY				=					LMET					
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAI	RGED	CODE	OFFENSE DESC	CRIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMEN SELECT UPTO 2			VER TRACTED	ALCOHOL / DRUG SUSPECTED CONDITION			CONDITION	ALCOHOL TEST STATUS TYPE VALUE ST			DRUG TEST(S) TATUS TYPE RESULT SELECT UP TO 4			
			BY		=	LCOHOL MAR	RIJUANA					5348855 S			
UNIT #	NAME: LAST	FIRST, MIDDLE			Цº	HER DRUG				DATE OF BIRTH			AGE	GENDER	
	2.00.000	, ,													
	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
TORI										1	1 1	1 1		1 1	
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		DOT-C	OMPLIANT	SEATING POSITION	AIR BAG US	SAGE EJECTION	N TRAPPED	
ON/	BY				USED			MC HELMET							
OL STATE	E OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFENSE DES			OFFENSE DESC	RIPTION			CITATIO	CITATION NUMBER			
			1				Speciment State Comments in the	ALCOHOL TEST				DRUG TEST(S)			
≥ OL CLASS	SELECT UP TO 2			TRACTED		CHOL / DRUG SUSPI	RIJUANA	CONDITION	STATUS					LT SELECTOP 104	
		ے بنے بنار			□ °	THER DRUG				.	النبا			لــالــالـــ	
	RIES	SEATING POSITION		IR BAG		OL CLASS	s	OL RESTRIC			VER DISTRACT	1000	TEST S	TATUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			T DISTRACTED Nually operating		- NONE GIVEN - TEST REFUSE		
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3- DEPLOYE			3 - CLASS C		3 - CORRECTIVE LE			ECTRONIC COMMUN VICE (TEXTING, TYP	ICATION 3		ONTAMINATED	
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	4- DEPLOYE 5- NOTAPP	ED BOTH FROI	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A RIIS		ALING) LKING ON HANDS-FR	er 4		ESULTS KNOWN	
		(MOTORCYCLE PASSENGER)  5 - SECOND - MIDDLE		MENT UNKNO	WN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		CO	MMUNICATION DEVI	CE 5	TEST GIVEN, F	ESULTS	
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER		LKING ON HAND-HEL MMUNICATION DE VI	CF	To cate of section 1	EST TYPE	
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1: NOTEJE	CTED		OL ENDORSE!	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		HER ACTIVITY WITH ECTRONIC DEVICE	AN	- NONE	231 1112	
3 - POLICE		8 - THIRD - MIDDLE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PA	SSENGER		- BLOOD - URINE		
9 - OTHER / UNK	NOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY 4-NOTAPP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY		HER DISTRACTION SIDE THE VEHICLE		- BREATH		
SUCCESSION AND ADMINISTRATION OF STREET	QUIPMENT	OF TRUCK CAB  11 - PASSENGER IN OTHER		1000000	msy.	Q - MOTOR SCOOTER		11 - LIMITED TO EM			HER DISTRACTION O	UTSIDE 5	-OTHER		
1 - NONE USED 2 - SHOULDER B	TELT ONLY HISED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1- NOTTRA	PPFD.	1-30	R-THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DI			HER / UNKNOWN		DRUG TES	TTYPE	
3 - LAP BELT ON		PICK-UP WITH CAP)	2 - EXTRICA	TED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR O	ES, HAND		CONDITION	1100	- NONE - BLOOD		
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM -		12 - PASSENGER IN UNENCLOSED CARGO AREA				X - TANKER / HAZMAT ADAPTIVE DEV			CES) 1 - APPARENTLY NORMAL			3	3 - URINE		
FORWARD FACING		13 - TRAILING UNIT	JNIT NON-MECHANICAL MEANS			GENDER 14 - MILITARY VEHI			E THIOTOTE INITIALIEIT				4 - OTHER		
6 - CHILD REST	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANG	RY, DISTURBED)	D		RESULT(S)	
7 - BOOSTER SE		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				M - MALE U - OTHER / UNKNOWN		17 - PROSTHETIC AL			L ASLEEP, FAINTED		- AMPHETAMIN - BARBITURATE		
9 - PROTECTIVE		77- OTHER / DIRRIGHT II						18-OTHER			IGUED, ETC. DERTHE INFLUENCE	3	- BENZODIAZEF	INES	
(ELBOW, KNE 10 - REFLECTIVE										0F	MEDICATIONS / DRU COHOL	GS 4	- CANNABINOID - COCAINE	5	
11 - LIGHTING - F	PEDESTRIAN										IER/UNKNOWN	6	- OPIATES / OPI	OIDS	
/ BICYCLE ON 99 - OTHER / UNK													- OTHER - NEGATIVE RE	SULTS	

HSY8306 OH1M 1/19 [760-1500] PAGE 3 OF 5

Ũ	SPHOUBLE SAFETY OCCUPANT / WITNESS ADDENDUM						2,0,2,3		ORTNUMBER	2 1	9			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
AN	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN											_1			
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
ľ	UNIT#	NAME: LAS	T, FIRST, MIDDLE		•		'	DAT	E OF BIRTH	· I	AGE	GENDER		
	لــــا													
OCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CODE					
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	AIR BAG USAGE	EJECTION	TRAPPED				
ľ	UNIT#	NAME: LAS	T, FIRST, MIDDLE				•	DATE OF BIRTH AGE GENT						
	لــــا													
OCCUPAN	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
Į	BY							MC HELMET	لسلسا	L	J			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
į														
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
ĕ.	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	i.	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY	Zino Adeno (Maine)		THOUSE PARENTY. HESTORE PAREN	iri (wait, ori)	USED	DOT-COMPLIANT MC HELMET		, and some				
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION	EXPENSE AS	AIR BAG U	SAGE			
	1 - FATA	AL		1 - NONE US			IT - LEFT SIDE	FD)	1 - NOT DE	PLOYED				
	2 - SUSPECTED SERIOUS INJURY				E OCCUPANT (MOTORCYCLE DRIV ER BELT ONLY USED 2 - FRONT – MIDDLE			2 - DEPLOYED F						
ı			NOR INJURY		T ONLY USED	3 - FRONT - RIGHT SIDE 3 - DEPLOYED SIDE								
	4 - POSSIBLE INJURY  4 - SHOULD			DER & LAP BELT USED 4 - SECOND - LE (MOTORCYCL				4 - DEPLO						
				ESTRAINT SYSTEM -	5 - SECOND - MIDDLE 5 - NOT APPLICABLE									
ı	INJURED TAKEN BY FORWAR			D FACING ESTRAINT SYSTEM –	6 - SECOND - RIGHT SIDE 9 - DEPLOYMENT UNKNOW FM - 7 - THIRD - LEFT SIDE									
ı		TRANSPOR EATED AT S		REAR FA		(MOTORCYCLE SIDE CAR) EJECTION								
ă	2 - EMS 7 - B00STEF			RSEAT	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE									
	3 - POLICE 8 - HELMET					PER SECTION (								
				(IVE PADS USED KNEES, ETC.)		11 - PASSENGER IN OTHER ENCLOSED 3 - TOTALLY EJECTED CARGO AREA (NON-TRAILING UNIT,								
ì	GENDER 10- REFLECTIVE CLOTHING					BUS, F	PICK-UP WITH CA	p) 4- NOT ATTECABLE						
	M MAIE				G - PEDESTRIAN	12 - PASSENGER IN UNENCLOSED CARGO AREA 1 - NOT TRAPPED					ED			
	U - OTHER / UNKNOWN 99 - OTHER /				2 - EXTRICATED BY ME				ECHANICAL					
				14 - RIDING ON VEHICL (NON-TRAILING UNIT)			EXTERIOR	MEANS						
							15 - NON-MOTORIST 99 - OTHER / UNKNOWN			3 - FREED BY NON-MECHA MEANS				
		ST, FIRST, MIDD						2007 4024 7075	E OF BIRTH		AGE	GENDER		
WINESS			, NICHOLAS,	ALEXAN	DER			1 2 2			2_1_	M		
š	ADDRESS: STREET, CITY, STATE, ZIP 1600 ATHENA DR, Kent, OH 44240						Redacted per ORC 149.43(A)(1)							
,		ST, FIRST, MIDD						DATE OF BIRTH AGE GENDER						
WINESS	ANDDESS, STREET CITY STATE 710													
M	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDE							
WILNESS														
M	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
								IL I I	1 1 1		1 1	_ 1 _ 1		

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## OHIO DEPARTMENT OF PUBLIC SAFETY Narrative Continuation

LOCAL REPORT NUMBER

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JONES ROLL-OFF CONTAINERS, INC. 927 W. NIMISILA RD. **NEW FRANKLIN, OH 44319** (330)882-5099