OHIO DEPARTMENT T	RAFFIC C	RASH	REPORT	*DENOTES MA	NDATORY FIE	LD FOR SUPPLEM	ENT REPORT	L	OCAL REPORT	NUMBER ²	;	
OHO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT OHOTOS TAKEN OH-2 OH-3 OH-3 LOCAL INFORMATION												
PHOTOS TAKEN X OH-1P OTHER REPORTING AGENCY NAME* NCIC*								HIT/SKIP NUMBER OF UNITS UNIT IN ERROR				
SECONDARY CRASH PRIVATE PROPERTY City of Kent Police								1 - SOLVED 0,2 0,1 98 - ANIMAL				
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*								CRASH DATE / TIME* CRASH SEVERITY				
6;7; 1;3-TOWNSHIP Kent [0:5:1:2:2:0:2:1:1/:1:17:0:3]										-	SERIOUS INJURY	
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 2-SOUTH 3-EAST 3-EAST 4-WEST HAYMAKER WY								LATITUDE DE	SUSPECTED			
S R 5 9 + + + 4-WEST HAYMAKER WY							PK	(4 ₁ 1 ₁₀ 1 ₁ 5 ₁ 1 ₁	2 2 5	3 - MINOR INJURY SUSPECTED		
ROUTE TYPE ROUTE NU	MBER PREFIX	2- SOUTH	REFERENCE ROAD	NAME (ROAD,	MILEPOST, HO	USE #)	ROAD TYPE	LONGITUDE DE		INJURY POSSIBLE		
S R 43		3-EAST 4-WEST	WATER				ST	-811 s 3 5 8 1	1 3 2		PROPERTY DAMAGE ONLY	
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE	10	ROUTE TYPE		ALLEY	ROAD TYPE	D DOID		NTERSECTION	RELATED		
2 - MILE POST	3 2-SO	UTH US-	FEDERAL US ROUT	Castyl - Time			RD - ROAD SQ - SQUARE	X WITHIN INTE	RSECTION OR O	N APPROAG	CH A	
3- HOUSE #	3 - EA 4 - WE		STATE ROUTE	Commence of the commence of th			T - STREET	WITHIN INTE	RCHANGE ARE	NUM	BER OF APPROACHES	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASU	RE	NUMBERED COUNT	TY ROUTE CT			E - TERRACE L - TRAIL		ROADW	/AΥ		
5,0,	2 - FEI	ET	NUMBERED TOWN: ROUTE	Dit.			VA - WAY	ROADWAY DIV	IDED			
	3-YAF		-			PL - PLACE						
1 - ON ROADWA	N OF FIRST HAR! Y 9-	MFUL EVEN Crossover		1 - NOT	COLLISION 4	COLLISION/IMPA - REAR-TO-REAR	C f	DIRECTION OF TRAVE		MEDIAN	LUSH MEDIAN	
0 1 2-ON SHOULDI			ALLEY ACCESS	TWO	MOTOR ,	- BACKING - ANGLE		2- SOUTH	1	<4 FEET)	
4 - ON ROADSID		SHARED US	E PATHS OR		10000	- ANGLE - SIDESWIPE, SAM	E DIRECTION	3- EAST 4- WEST		≥4 FEET		
5 - ON GORE 6 - OUTSIDE TR	AFFIC WAY 13-	TRAILS BIKE LANE		2 - REAI 3 - HEAI		- SIDESWIPE, OPPO - OTHER / UNKNOV		4-11231			EPRESSED MEDIAN AISED MEDIAN	
7 - ON RAMP	14	TOLL BOOT		J-IILA	D-011 7	- OTHER / DINKINGS	N IV		1	(ANY TYPE)	
8 - OFF RAMP	99.	-OTHER/UN							9-0	OTHER/UNI	KNOWN	
WORK ZONE RELAT	ED	1-	WORK ZONE TYPE LANE CLOSURE	E		OF CRASH IN WO		CONTOUR	CONDITI	ONS	SURFACE	
WORKERS PRESEN	т		LANE SHIFT/CROSS	SOVER		WARNING SIGN					2	
LAW ENFORCEMEN	IT PRESENT		WORK ON SHOULDE OR MEDIAN	ER	1	ADVANCE WARNIN TRANSITION AREA		Ve			1 - CONCRETE	
ACTIVE SCHOOL ZO	IN E		INTERMITTENT OR	MOVING WORK		ACTIVITY AREA		3 - CURVE LEVEL	3 - SNOW		2 - BLACKTOP, BITUMINOUS,	
ACTIVE SCHOOL 20		5-	OTHER		5-	TERMINATION AR	EA .	4 - CURVE GRADE	4 - ICE		ASPHALT 3 - BRICK/BLOCK	
LIGHT C 1 - DAYLIGHT	ONDITION		1-CLE	WEATH	ER 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, OIL, GRAVE		4 - SLAG, GRAVEL,	
1 2-DAWN/DUSK			0 1 2-CLO		7 - SEVERE	ROSSWINDS		6 - WATER (STA		STONE 5 - DIRT		
3 - DARK - LIGH 4 - DARK - ROAD		TED	3-F0G 4-RAII			SAND, SOIL, DIRT RAIN OR FREEZI			MOVING) 7 - SLUSH		9 - OTHER/UNKNOWN	
5 - DARK – UNK	NOWN ROADWAY		1	ET, HAIL	99 - OTHER /		NG DIGELLE		9 - OTHER/UNK	NOWN		
9 - OTHER / UNK	NOWN		<u> </u>									
NARRATIVE										A	Indicate the north direction with	
BOTH UNITS	WERE I	HEADI	ED WEST	ON HAY	MAKE	R				A	an "N" on the compass diagram.	
PKWY APPR	OACHI	NG S. V	VATER ST	UNIT 1								
WAS BEHIN												
TRAFFIC AF								10 J 00	T.	or 10 5c	N N	
MAINTAIN A	ASSURE	D CLE.	AR DISTA	NCE AN	D	HA'	YMAKER PKW		26			
STRUCK UN	IT 2.							<i>27</i>	←		2 (1 EII)	
								TRAPPO BREALAL				
								5).	I SE			
								20 000	S WATER			
								1 <u>10</u> 11 1	, , ,		4	
CRASH REPORTED D	ATE/TIME		DISPATCH DATE /T	IME	ARR	IVAL DATE / TIME		SCENE CLEARED I	ATE /TIME	RE	PORT TAKEN BY	
0,5,1,2,2,0,2,1	,/,1,7,0.3	0.5.1	2,2,0,2,1./	1,7,0,7	0.5.1.2.2	2,0,2,1./.1	.7.1.0	.5.1.2.2.0.2	./.1.7.5	IVI	POLICE AGENCY	
TOTAL TIME	OTHER	TOTA	L OFFICER'S	NAME*	1-1-1-	C	ECKED BY OFFI	CER'S NAME*	1.1-1/19		MOTORIST	
ROADWAY CLOSED INVE	ESTIGATION TIM	E MINUT		Kevin M		G	aydosh,	Ryan			SUPPLEMENT (CORRECTION OF ADDITION	
0 0 0 0	3 0	0 8		OFFICER'S BAI	DGE NUMBER*	·		OFFICER'S BADGE N	UMBER*		FE AM EXISTING REPERT SENT TO COPS)	



UNIT #	OWNER NAME: LAST, FIRE			OWNER PHONE	: INCLUDE AREA CODE (SAME AS OF	VER)	DAMAGE				
	RIEMENSCHNEID		, ,,,,,,,,	DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE							
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 3 - FUNCTIONAL DA 3 - FUNCTIONAL DA 3 - FUNCTIONAL DA 2 - MINOR DAMAGE 4 - DISABLING DAM											
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN											
	,	,,,		i l l l l l l l l l l l			DAMAGED AREA(S)				
LP STATE	LICENSE PLATE #	VEHIC	LE IDENTIFICATION #	VEHICLE	YEAR VEHICLE MAN	E IN	DICATE ALL THAT APPLY				
O_H	L063675	1	4 F 3 2 Y 5 6 6 2			0	12				
INSURAL		ANY	INSURANCE POLICY #	COL		11 12	11 12 1				
L VERIFI				GRN	LWI	10 1	2 10 11 1 2				
	TYPE OF USE	IN EMERGENCY	US DOT #	TOWED BY: COM	PANY NAME	10 2	— 10 2 — 1				
COMME	RCIAL GOVERNMENT	RESPONSE L		HAZI	RDOUS MATERIAL	9 9 3	3 9 3				
INTERL	OCK	#UCCUPANTS	/EHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS	MATERIA RELEASE		# 7 7 5	7. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
INTERI DEVICE EQUIP	ED HIT/SKIP UNI	T 10 3	2 - 10,001 - 26K LBS	PLACARD							
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS	8-LIMO (LIVERY VEHICL		5	12 7 6				
	2 - PASSENGER VAN (MINIVAN)			9-BUS (16+ PASSENGER:		E) 10	12				
0,1	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		0-OTHER VEHICLE	25 - OTHER NON-MOTORIST	" A	10 2				
UNIT TYPE		10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR 2	1 - HEAVY EQUIPMENT	26-BICYCLE	9 (9 3 3				
	5 - CARGO VAN	BICYCLE 11 - ALL TERRAIN VEHICLE		2 - ANIMAL WITH RIDER (ANIMAL-DRAWN VEHIO	N. F.	1	6 4 -				
_	6 - VAN (9-15 SEATS)	(ATV/UTV)	17 - MOTORHOME	HITTIME BUTTER TEAM	99 - UNKNOWN OR HIT/SKI	8	7 5 4				
	# OF TRAILING UNITS					11 12	5 11 12 1				
	WAS VEHICLE OPERATING IN AU		0 - NO AUTOMATION 3	- CONDITIONAL AUTOMA	TION 9 - UNKNOWN	12	12				
, 2 ,	MODE WHEN CRASH OCCURRED		S SARTIAL AUTOMATION C	- HIGH AUTOMATION		10 11 1	2 10 11 1 2				
	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOU: MODE LEVEL	•	- FULL AUTOMATION		9 9 3	3 9 9 3 3				
	1 - NONE	6 - BUS - CHARTER/TOUR		6-FARM	21 - MAIL CARRIER	B 4 .	→				
	2 - TAXI	7 - BUS - INTERCITY		7 - MOWING	99-OTHER/UNKNOWN	B 7 5	4 8 7 6 4				
SPECIAL	3 - ELECTRONIC RIDE SHARING			8-SNOW REMOVAL		7 8 5	7 6 5				
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		9-TOWING		6	6				
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15-CONSTRUCTION EQUIPMENT 2	O-SAFETY SERVICE PATI	ROL	\Box	12 12 12				
	1 - NO CARGO BODY TYPE		CHACCIC	- POLE	12-CONCRETE MIXER	12					
CARGO	/NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING	A ALBOARD DEFINE BASE BANK	- CARGOTANK	13 - AUTO TRANSPORTER	R.A.					
BODY Type	2.003	4 • Locaino	7 Chamicuthecenauci	O-FLAT BED 1-Dump	14 - GARBAGE/REFUSE	9 (V) 3	9 3 9 7 3 9 🟶 3				
1112			1.		99-OTHER/UNKNOWN		60				
	1 - TURN SIGNALS	4 - BRAKES		- MOTOR TROUBLE	99-OTHER/UNKNOWN	6	0				
	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT 16 DEFECTIVE	O-DISABLED FROM PRIO ACCIDENT	R		6 6 6				
						- NO DAMA	GE[0] - UNDERCARRIAGE [14]				
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER		- MEDIAN/CROSSING ISL		7					
NON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK		0 - DRIVEWAY ACCESS 1 - Shared Use Paths of	AT INCIDENT SCENE 99-OTHER/UNKNOWN	☐-TOP [13.	J - ALL AREAS [15]				
LOCATION AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATI		TRAILS	77-01116.7		UNIT NOT AT SCENE [16]				
A1 100	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN 1:	3 - NEGOTIATING A CURVI	18 - APPROACHING		-				
2	2 - NON-COLLISION	2 - BACKING	-	4 - ENTERING OR CROSSII	AD LEAVING VIEWS E		ITIAL POINT OF CONTACT				
	3-STRIKING 011	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION	19-STANDING	0 - NO DA					
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10-PARKED 1	5 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST		FER TO UNIT 15 - VEHICLE NOT AT SCENE				
	5 - BOTH STRIKING ACTIONS & STRUCK		11 - SLOWING OR STOPPED In traffic	6-WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP	99 - UNKNOWN				
	9-OTHER/UNKNOWN	6 - MAKING LEFTTURN	THE EDITOR OF THE	7 - PUSHING VEHICLE	99 - OTHER / UNKNOWN						
	1-NONE	7 - LEFT OF CENTER		7 - VISION OBSTRUCTION	21 -LYING IN ROADWAY		TRAFFIC				
	2 - FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / AC	DADLED BOOKTON	B - OPERATING DEFECTIV		TRAFFICWAY FLOW	TRAFFIC CONTROL				
10,8,	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	EQUIPMENT	23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN				
	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15-SWERVING TO AVOID	9-LOAD SHIFTING/FALLI SPILLING			2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
CIRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	24	0 - IN PROPER CROSSING	99 - OTHER IMPROPER ACT						
	6-IMPROPERTURN	12 - IMPROPER BACKING				# OF THROUGH LANES	RAIL GRADE CROSSING 1 - NOT INVOLVED				
SEQUENCE	OF EVENTS		EVENTS			2	1 2 - INVOLVED-ACTIVE CROSSING				
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE		6 - RAILWAY VEHICLE	22 - WORK ZONE MAINTEN		3 - INVOLVED-PASSIVE CROSSING				
1 2 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF 17 TRAVEL	7-ANIMAL FARM	EQUIPMENT		Man Maranyar ayararay				
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 DOWNHILL BUNAWAY	8-ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNITY	NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST				
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 OTHER NON COLLISION	9-ANIMAL — OTHER D-MOTOR VEHICLE IN	ANYTHING SET IN MOT	ON	2 - SOUTH 6 - NORTHWEST				
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14-PEDESTRIAN	TRANSPORT	BY A MOTOR VEHICLE 24-other movable obje	T FROM 3 T					
3 15-PEJALLYCLE 21-PARKED MOTOR VEHICLE 4-WEST 8-SOUTHWES'											
	25-IMPACT ATTENUATOR	31-GUARDRAIL END	ON WITH FIXED OBJECT - 37-TRAFFIC SIGN POST 42	- STRUCK 3-CURB	50 - WORK ZONE MAINTEN	NCE	9 - OTHER / UNKNOWN				
4	/ CRASH CUSHION	32 - PORTABLE BARRIER		4 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED				
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	Attname	5-EMBANKMENT	51 - WALL		1 - STATED / ESTIMATED SPEED				
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	AN AUTH LTW DOLL	6-FENCE 7-Mailbox	52 - BUILDING 53 - TUNNEL	0,1,0					
	28-BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE 41	8-TREE	54 - OTHER FIXED OBJECT	DOCTED CREED					
61	61 J 29 - BRIDGE RAIL BARRIER 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIE		OR SUPPORT 49 42 - CULVERT	9-FIRE HYDRANT	99-OTHER/UNKNOWN	POSTED SPEED	2 - MINET ENMITTED				
. 1 .		1				_3 _ 5	.				
	FIRST HARMFUL EVEN	T L MOST	HARMFUL EVENT								



2 | 0 | 2 | 1 | - | 0 | 0 | 0 | 0 | 7 | 5 | 1 | 9 UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (X) SAME AS DRIVERS DAMAGE 0 | 2 | THENO, JACOB, TYLER DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER! 1 - NONE 3 - FUNCTIONAL DAMAGE 262 BELLFLOWER AVE NW, CANTON, OH 44708 J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN .1 1 1 1 1 1 DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR **VEHICLE MAKE** O₁ H 7VO3VOM $S_{+}A_{1}L_{1}Y_{1}K_{1}2_{+}E_{1}X_{1}2_{+}L_{1}A_{1}2_{1}5_{1}3_{1}5_{1}5_{1}3_{1}$ 2 0 2 0 **Land Rover** VERIFIED GFICO INSURANCE POLICY # COLOR VEHICLE MODEL 44877958805 BLK RANGE ROVE TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE IN EMERGENCY HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED INTERLOCK CLASS # PLACARD ID # 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. DEVICE HIT/SKIP UNIT 0 1 PLACARD 3 - >26K LBS 7 - MOTORCYCLE 2-WHEELED 1 - PASSENGER CAR 12-GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) B - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE LINIT 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 BICYCLE 5 - CARGO VAN 16-FARM EQUIPMENT 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 - LINKNOWN MODE WHEN CRASH OCCURRED 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION 1 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION **AUTONOMOUS** MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - EUS - 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 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER B - POLE 12 - CONCRETE MIXER O 1 /NOT I NOT APPLICABLE MOTOR VEHICLE 9 - CARGO TANK 13 - AUTO TRANSPORTER 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARRAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL TYPE 11-DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99-OTHER/UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS ACCIDENT 6 - TIRE BLOWOUT -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 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS T-TOP | 13 | -ALL AREAS [15] MON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT EMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [16] 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13-NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION 2 - BACKING OR LEAVING VEHICLE 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 3 - CHANGING LANES 3-STRIKING SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM JOGGING, PLAYING 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED 21 - STANDING OUTSIDE 99 - UNKNOWN 13-TOP 16-WORKING & STRUCK IN TRAFFIC DISABLED VEHICLE 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 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 EQUIPMENT 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 0 1 ILLEGALLY 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN 19-LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN ROADWAY 10-IMPROPER PASSING CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IM-PROPER CROSSING # of THROUGH LANES 6 - IMPROPERTURN 12-IMPROPER BACKING RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 2 - INVOLVED-ACTIVE CROSSING EVENTS 1 _ 2 _ 0 _ 1 - OVERTURN/ROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT OPPOSITE DIRECTION OF 7 - SEPARATION OF UNITS 17 - AHIMAL -- FARM TRAVEL 23-STRUCK BY FALLING. UNIT / NON-MOTORIST DIRECTION 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19 - ANIMAL -- OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13-OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 3 TO 4 LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 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 32 - PORTABLE BARRIER EQUIPMENT 3R-OVERHEAD SIGN POST 44 - DITCH **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT STRUCTURE _ - STATED / ESTIMATED SPEED SUPPORT 34 - MEDIAN GUARDRAIL 52 - RUIT DING 46-FENCE 27 - BRIDGE PIER OR ABUTMENT 0 0 0 1 40-UTILITY POLE BARRIER 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 」 29-BRIDGE RAIL OR SUPPORT POSTED SPEED 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT

LOCAL REPORT NUMBER

OHIO DES	OHIO DEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
10471 214										2,0,2,1,-,0,0,0,7,5,1,9,					
UNIT#	NAME: LAST, FIRST, MIDDLE DANIELS TRISTANI CAREV								DATE OF BIRTH AGE GENDER						
0,1	12.70	DANIELS, TRISTAN, CAREY STREET, CITY, STATE, ZIP							0 3 / 2 3 / 1 9 9 2 2 9 M						
		ALL ST, Akron, OH 44303								CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED FMS AGENCY (NAME) INJURED TAXCHTO MEDICAL CACH ITY (NAME CITY) CASETY COMPANY.									L SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
NON 5	TAKEN BY	TAKEN				. MEDICAL PACILITY	INAME, CITT	USED 0 2	DOT-COMPLIANT SEATING POSITION A			AIR BAG USAGE EJECTION TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER			OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION	_0		CITATION NUMBER			
O, H				333.0	CODE			Maximu	m Spee	d Limits		66382			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALC	OHOL / DRUG SUSP	ECTED	CONDITION	_	COHOL TEST		DRU	JG TEST(S		
4			BY	1	=	LCOHOL MA	RIJUANA	. 1			15 31		KESUL	T SELECT WP TO 4	
UNIT #	NAME: LAST, F	FIRST MIDDLE				THER DRUG				1		1 1			
0.2	· ·	O, JACOB, TYLI	ER										GENDER		
	STREET, CITY, ST.								CONTACT	PHONE - INCLUD			2 6	M	
262 B	ELLFLO	OWER AVE NW	,CAN	ΓON ,	OH 4	44708			J	FILOUR - INCLUL	E AREA CODE	L			
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)		— DOT C	OMPLIANT SEATING	POSITION	N AIR BAG USAGE EJECTION TRAPPED			
² 5	BY							USED 0 4	MC HE		1	_ 1	1,	, 1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATION NUMBER			
O, H				<u>L</u>											
≥ OL CLASS	ENDORSEMENT SELECTUPTO2	RESTRICTION SELECT		VER TRACTED	_	DHOL / DRUG SUSPI LCOHOL MAI		CONDITION	AL STATUS 1	COHOL TEST TYPE VALU	E ST	DRU ATUS TYP	IG TEST(S E RESULT	SELECTUPTO4	
4				1 ,		THER DRUG	T WOAR	1 ,	1	1 , ,		1 1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BI	RTH		AGE	GENDER	
										1 1	1 1				
ADDRESS:	STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
010															
	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED T	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C	DMPLIANT SEATING	POSITION	AIR BAG USAGI	E EJECTION	TRAPPED	
OL STATE		ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFEN			OFFENCE PEG	MC HELMET					ــــــا		
ORIS	OI ENATOR E	TOLKSE HOMBER		CODE			OFFENSE DESC	KIPIIUN			CITATION 1	NUMBER			
≥ OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALCO	OHOL / DRUG SUSPI	ECTED	CONDITION	AL	COHOLTEST	l		IG TEST(S)	
	SELECT UP 102		BY	RACTED	☐ AI	LCOHOL MA	RIJUANA		STATUS	YPE VALU	E ST.	ATUS TYP	E RESULT	SELECT UP TO 4	
LINJU	DIES	SEATING POSITION		ID DAG	01	THER DRUG				-1-1-					
1 - FATAL		1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG LOYED		OL CLASS 1-CLASS A		OL RESTRIC	AND STREET, SALES	1-NOT DISTRAC	CONTROL ON FUEL	CONTRACTOR OF THE PARTY NAMED IN	TEST STA Negiven	TUS	
2 - SUSPECTED S 3 - SUSPECTED I		(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYE			2 - CLASS B		2 - COL INTRASTAT		2 - MANUALLY O ELECTRONIC		N 2-TES	ST REFUSED		
4 - POSSIBLE IN.		3 - FRONT - RIGHT SIDE	3 - DEPLOYE 4 - DEPLOYE		NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEX DIALING)		3-IE	ST GIVEN, CON Mple/Unusa		
5 - NO APPARENT	TINJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPI			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 - TALKING ON H			ST GIVEN, RES	2502105035-565	
INJURED		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	9 - DEPLOYA	AENT UNKNO	WN	6 - NO VALID OL		6 - EXCEPT CLASS / & CLASS B BUS		COMMUNICAT 4 -TALKING ON F			ST GIVEN, RES KNOWN	טנוז	
1 - NOT TRANSPO /TREATED AT		7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSE!	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		COMMUNICAT 5 - OTHER ACTIV		ALC	OHOL TES	STTYPE	
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - Third - Middle	1 - NOT EJEC			H - HAZMAT		RESTRICTIONS		ELECTRONIC		1 - NO 2 - BL			
9-OTHER/UNK	NOWN	9 - TH IRD - RIGHT SIDE	2 PARTIALI 3-TOTALLY			M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 7 - OTHER DISTR	ACTION	3-UR			
SAFETY EG	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPI	LICABLE		N-TANKER		10 - LIMITED TO DAY		INSIDE THE V 8 - OTHER DISTR		4 - BR SIDE 5 - OTI			
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	TF	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE				TVDE	
2 - SHOULDER BE 3 - Lap Belt on		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRAF 2 - EXTRICA			S - SCHOOL BUS		13 - MECHANICAL DE (SPECIAL BRAKE		9-OTHER/UNK	VOWN	1 - NO	RUG TEST NE	I I P E	
4-SHOULDER &	LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHAN	ICAL MEANS		T - DOUBLE & TRIPLE X - TANKER / HAZMAT	TRAILERS	CONTROLS, OR O	THER	1 - APPARENTLY	Trade and a contract of	2 - BL0			
5 - CHILD RESTR FORWARD FAC		13-TRAILING UNIT	3 - FREED BY NON-MEC	Y Hanical Me	ANS			14 - MILITARY VEHIC		2 - PHYSICAL IMP	SAME PROPERTY.	3 - UR 4 - OTI			
6-CHILD RESTR REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES		3 - EMOTIONAL (I ANGRY DISTURB			G TEST RE	SULT(S)	
7 - BOOSTER SEA	AT .	15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO 17 - PROSTHETIC AID		4-ILLNESS	FAIL	1 - AM	PHETAMINES		
8 - HELMET USE 9 - PROTECTIVE		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		18-OTHER		5 - FELL ASLEEP, FATIGUED, ETC			RBITURATES Nzodiazepini	S	
(ELBOW, KNEI	ES, ETC.)									6 - UNDER THE IN OF MEDICATIO		4 - CAI	NNABINOIDS		
10 - REFLECTIVE	EDESTRIAN									/ALCOHOL 9-OTHER/UNKN	OWN	5 - COC 6 - OP1	CAINE NATES/OPIOIO	\$	
/ BICYCLE ON 99 - OTHER / UNKN												7 - OTI	IER		
STOREST WHILE												B-NE	GATIVE RESUL	TS	

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER							
W TOOOTANT! / TATINESS WADDENDOW!									2,0,2,1,-,0,0,0,0,7,5,1,9,						
	UNIT#	NAME: LAS	T, FIRST, MIDDLE	1	E OF BIRTH		AGE	GENDER							
	01	RIEM	ENSCHNEID	1 0 / 1	3, / ,1 9	8 6	3 4	F							
PANT	ADDRESS: STREET, CITY, STATE, ZIP								- INCLUDE AREA CO						
OCCUPAN	3097	BRADY	RD ,RAVENI												
ō	INJURIES	INJURED TAKEN	EMS ABENCY (NAME)		207.0	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED						
	, 5	BY			DOT-COMPLIANT	0.3	1 1	1 1	. 1 .						
ī	UNIT#	NAME: LAS	T, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER							
	01	HAM	ILTON, ZOE		4, / ,2 0	0 9	1 2	F							
ANT		STREET, CITY,		CONTACT PHONE											
OCCUPAN	30971	BRADY	RD ,RAVENI	NA .OH 44											
õ		S INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFFTY FOILIPMENT							SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
	, 5	TAKEN By			USED			MC HELMET	0.6.	1 1	. 1	1			
H	UNIT#	NAME: LAS	T, FIRST, MIDDLE				(2)3	DAT	E OF BIRTH		AGE	GENDER			
	ا با							,	/	1	AVE	GENDER			
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCUIDE AREA CO	DE .					
OCCUPANT															
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
	, ,	TAKEN BY				, == 1	USED	DOT-COMPLIANT MC HELMET							
-	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		1	AENDED.			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					/ /	/ /	ĺ	AGE	GENDER			
P N	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN		,						CONTACT PHONE	- INCLUDE AREA CO	DE					
30	INJURIES	INJURED	EMS Agency (NAME)	_	INJURED TAKEN TO: MEDICAL FAC	HITY (NAME CITY)	SAFETY FOILIDMENT		SEATING POSITION	AID DAC HEAC	E E IE CTION	TRAPPED			
		TAKEN BY			THE PROPERTY OF THE STORE I NO	ierr timile, arri	USED	DOT-COMPLIANT	SCALING LOSITION	AIR BAG USAG	E ETERITOR	IKAPPED			
۲		INJU	 RIES	SAFETY	' EQUIPMENT USED		SEATING POS			AIR BAG	L				
	1 - FATA	L		1 - NONE US	ED-	N MAKED	T - LEFT SIDE		1 - NOT DE			6.7			
	2 - SUSF	PECTED SE	RIOUS INJURY	VEHICLE	OCCUPANT		ORCYCLE DRIV								
	3 - SUSF	PECTED MI	NOR INJURY		R BELT ONLY USED	IT – MIDDLE IT – RIGHT SIDI		3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE							
	4 - POSS	SIBLE INJU	RY	3 - LAP BELT		ND - LEFT SID									
	5 - NO A	PPARENT I	NJURY		R & LAP BELT USED	ORCYCLE PASS ND – MIDDLE	ENGER)								
					STRAINT SYSTEM FACING	5 - NOT APPLICABLE DE									
					STRAINT SYSTEM -		9 - DEPLOYMENT UNKNOWN								
		ATED AT S	CENE	REAR FAC		CAR)		EJECT	ION						
	2 - EMS 7 - B00STEI				9 - THIRD - RIGHT SI				1 - NOT EJ	ECTED					
	3 - POLICE 8 - HELMET 9 - OTHER / UNKNOWN 9 - PROTEC				USED IVE PADS USED	10 - SLEE	PER SECTION (OF TRUCK CAB	2 - PARTIA						
1	7-01111				KNEES, ETC.)		ENGER IN OTH O AREA (NON-TI		3 - TOTALL)				
ı	F-FEMA		IDER	10- REFLECT	IVE CLOTHING	BUS, F	ICK UP WITH CAI	P)	4 - NOT AP						
	M - MALE	TA CONTRACTOR		11 - LIGHTING	- PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED	TRAPPED						
	U - OTHE	R/UNKNO	WN	99 - OTHER / U		13 - TRAILING UNIT			1 - NOTTRAPPED						
				JJ- OTHER /	NICHOWIN		IG ON VEHICLE TRAILING UNIT)	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS						
							MOTORIST		3 - FREED		ECHANICA	NL			
						99 - OTHE	R/UNKNOWN		MEANS						
s	NAME: LAS	T, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
WITNESS	4000000			 						الـــــــــــــــــــــــــــــــــــــ		بــــــــــــــــــــــــــــــــــــــ			
ĽΜ	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE														
88								DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
≯		7	000					THURS .	- PRINCEPLE, AREA COL						
7	NAME: LAS	T, FIRST, MIDD	LE		····			DATI	E OF BIRTH		AGE	GENDER			
ESS											- Num	nven			
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COD						
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