OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*				
X PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION		2.0.2.10.0	0,0,1,5,3,5,9,	
SECONDARY CRASH	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP NUMBER 0	F UNITS UNIT IN ERROR	
PRIVATE PROPERTY	City of Kent Police	0 6 7 0 3	1 - SOLVED 0	2 0 2 98 - ANIMAL 99 - UNKNOWN	
1 - CITY	VILLAGE, TOWNSHIP*		CRASH DATE / TIME*	CRASH SEVERITY	
6 7 1 2-VILLAGE Kent			$\lfloor 0 \rfloor 9 \rfloor 1 \rfloor 7 \rfloor 2 \rfloor 0 \rfloor 2 \rfloor 1 \rfloor / \rfloor 1 \rfloor 4 \rfloor 2 \rfloor 2$	2 2-SERIOUS INJURY	
S - SOUTH	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
	MAIN	<u>S</u> T	[4 ₁ 1 ₃ , 1 + 5 ₁ 3 + 7 ₁ 8 ₁ 0	3 - MINOR INJURY SUSPECTED	
S - SOUTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOL	JSE #) ROAD TYPE	LONGITUDE DECIMAL DEGREE		
	WATER	ST	-8 ₁ 1 ₁₀ 3 ₁ 5 ₁ 8 ₁ 1 ₁ 9 ₁ 0	5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE IR -		ROAD TYPE W-HIGHWAY RD - ROAD	50	TION RELATED	
1 2-MILE POST S-SOUTH US-		A - LANE SQ - SQUARE	X WITHIN INTERSECTION (OR ON APPROACH	
W-WEST SR-	STATE ROUTE	IP-MILEPOST ST-STREET V-OVAL TE-TERRACE	WITHIN INTERCHANGE A	REA NUMBER OF APPROACHES	
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT - COURT P	K - PARKWAY TL - TRAIL	ROA	DWAY	
2-FEET	ROUTE	I - PIKE WA - WAY L - PLACE			
LOCATION OF FIRST HARMFUL EVENT					
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT COLLISION 4 -		DIRECTION OF TRAVEL N - NORTH	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN	
0 1 2-ON SHOULDER 10-DRIVEWAY// 3-IN MEDIAN 11-RAILWAY GF	two motor	BACKING ANGLE	S - SOUTH	(<4 FEET) 2 - DIVIDED FLUSH MEDIAN	
4 - ON ROADSIDE 12-SHARED US	E PATHS OR TRANSPORT 7-	SIDESWIPE, SAME DIRECTION	W-WEST	(≥4 FEET)	
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE		SIDESWIPE, OPPOSITE DIRECTION OTHER / UNKNOWN	1	3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN	
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UNI				(ANY TYPE) 9 - OTHER/UNKNOWN	
D. O. I. KAMI		OF CRASH IN WORK ZONE	DITIONS SURFACE		
	ANE CLOSURE 1 - B	EFORE THE 1ST WORK ZONE		1 2	
	ANE ON HONOSOVEN	VARNING SIGN DVANCE WARNING AREA	1 - STRAIGHT LEVEL 1 - DRY	1 - CONCRETE	
LAW ENFORCEMENT PRESENT	R MEDIAN 3-T	RANSITION AREA	2-STRAIGHT GRADE 2-WET	2 - BLACKTOP,	
		CTIVITY AREA ERMINATION AREA	3 - CURVE LEVEL 3 - SNOW	BITUMINOUS, ASPHALT	
LIGHT CONDITION	WEATHER	4 - CURVE GRADE 4 - ICE 3 - BI			
1 - DAYLIGHT	1-CLEAR 6-SNOW		9 - OTHER/UNKNOWN 5 - SAND, N OIL, GR		
2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	2-CLOUDY 7-SEVERE CF 3-FOG, SMOG, SMOKE 8-BLOWING S		6-WATER	(STANDING, 5-DIRT	
4 - DARK – ROADWAY NOT LIGHTED		RAIN OR FREEZING DRIZZLE	7 - SLUSH	9 - OTHER/UNKNOWN	
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER / U	NKNOWN	9 - OTHER/	UNKNOWN	
NARRATIVE				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
UNIT 1 WAS N/B ON S. WATE	ED CT AT E			Indicate the north direction with an "N" on the	
				compass diagram.	
MAIN ST. UNIT 2 WAS S/B (
ST. AT E. MAIN ST. UNIT 1					
REPORTED HAVING A YELL SIGNAL, UNIT 1 ENTERED			A. WATER ST.	MOT TO SOALE	
			25		
INTERSECTION TO PROCI			TRAIN SOUTH		
2 ENTERED THE INTERSE			2	E. MAIN ST	
LEFT TURN ONTO E/B E. M			WATER ST.		
AND 2 STRUCK EACH OTH			e5		
RIGHT BUMPER OF EACH	UNIT. UNIT 2				
BACKED UP AND FLIPPED					
		/AL DATE / TIME	SCENE CLEARED DATE / TIME	DOLICE ACENCY	
TOTAL TIME OTHER TOTAL				5,4 MOTORIST	
ROADWAY CLOSED INVESTIGATION TIME MINUTE		Short, Jas		SUPPLEMENT (CORRECTION OF ADDITION	
0,0,0,0,5,0,1,4,	OFFICER'S BADGE NUMBER*		OFFICER'S BADGE NUMBER*	TE AN EXISTING NEPCRE SERT TO COPS)	

	UNIT#	OWNER NAME: LAST, FIR	RST, MIDDLE (X) SAME AS DRIVER	n	OWNER PHONE: IN	CLUGE AREA CODE (TY SAME AS DRIVER	DAMAGE				
~	0 1	WECKERLY, ELIZ			î.		DAMAGE SCALE				
OWNER		DDRESS: STREET, CITY, STAT			_	•	2 1- NONE 3- FUNCTIONAL DAMAGE				
5		RST AVE ,Franklin 7		_	Commerce Comm	- DUONE	2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN				
		orne ornersales mails, app			GOMMERCIAL GARRIE	R PHONE: INCLUDE AREA CODE	DAMAGED AREA(S)				
7	LP STATE	LICENSE PLATE #	VEHIC	E IDENTIFICATION #	VEHICLE YE	EAR VEHICLE MAKE		TE ALL THAT APPLY			
	OH	HUP5510	5 J 6 R W 6	$H_13_10_1J_1L_10_10_10_1$	4 3 6 2 0 1	1	0	12			
	INSURA VERIFI	NCE INSURANCE COM		INSURANCE POLICY #	COLOR BLK	VEHICLE MODEL	11 12	11 12			
	- VERIF	7201010102				CRV	10 11 1 2	10 11 1 2			
	COMME	TYPE OF USE US DOT # COMMERCIAL GOVERNMENT RESPONSE US DOT #			TOWED BY: COMPAN	IY NAME	9 9 3				
	INTER	VEHICLE WEIGHT COMPLETION				OUS MATERIAL	- 5 -				
	DEVIC	INTERLOCK DEVICE HIT/SKIP UNIT EQUIPPED 1 - \$10K.BS. 2 - 10,001 - 26K.BS.			MATERIAL RELEASED PLACARD	CLASS # PLACARD ID #	7	8 7 5 4			
	Edon	3 - >26K LBS				ــــــــــــــــــــــــــــــــــــــ	7 6 1	12 7 5			
		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	12-GOLF CART 13-SNOWMOBILE	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)		12			
	0,3	3 - SPORT HTH HTV VEHICLE	9 - AUTOCYCLE	14-SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	1 4	11 1 2			
	UNIT TYPE		10 - MOPED OR MOTORIZED BICYCLE	15-SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26-BICYCLE	9	8 3 3			
		5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	16-FARM EQUIPMENT 17-MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	—				
비	. 0 .	# OF TRAILING UNITS	(ATV / UTV)	17-moloknome		99 - UNKNOWN OR HIT/SKIP	8	1 1 1			
VEHICLE							12 7	6 11 12			
VE	_	WAS VEHICLE OPERATING IN AL MODE WHEN CRASH OCCURREN		0 - NO AUTOMATION 1 - Driver Assistance	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	10 11 1 2	10 11 1 2			
	2	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS	2 DARTIAL AUTOMATION	5 - FULL AUTOMATION		10 2	10 2			
-		1 - NONE	MODE LEVEL		1/ Parks		9 3 3	9 3 3			
	10111	2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11-FIRE 12-MILITARY	16-FARM 17-MOWING	21 - MAIL CARRIER 99 - Other / Unknown	7 5 7	7 5 7			
	SPECIAL	3 CLECTRONIC PIDE CHARING R. ONC. CONTT. F.		13 - POLICE	18-SNOW REMOVAL	17-01:1ER BURNOWN		6			
	FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14-PUBLIC UTILITY	19-TOWING		6	6 5			
ŀ		5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL		,	12 12 12			
	10.1.	1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHE / NOT APPLICABLE MOTOR VEHICLE		5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	12				
	0.000	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTANK 10-FLAT BED	13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	a Ma				
	TYPE			7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99-OTHER/UNKNOWN	9 () 3 9	3 9 3 3			
	1 1 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES 9	9 - MOTORTROUBLE	99 - OTHER / UNKNOWN	,				
	VEHICLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR		•				
Ц	DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		- NO DAMAGE (D] - UNDERCARRIAGE [14]			
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER					
	RON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE 99-OTHER/UNKNOWN	☐-TOP [13] ☐-ALL AREAS [15]				
	LOCATION AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATION		11 - SHARED USE PATHS OR TRAILS		U-UNIT NOT AT SCENE [16]				
		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING					
	. 5 .	2 - NON-COLLISION 2 - BACKING 3 - STRIKING LO 1 3 - CHANGING LANES			14 - ENTERING OR CROSSING	OR LEAVING VEHICLE	0 - NO DAMAGE	POINT OF CONTACT 14 - UNDERCARRIAGE			
	ACTION	3-STRIKING LUII	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - Parked	15 - WALKING, RUNNING,	19-STANDING 20-OTHER NON-MOTORIST	1 2 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE				
		5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHTTURN	11 - SLOWING OR STOPPED	JOGGING, PLAYING	21 - STANDING OUTSIDE	DIAGRAI				
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99 - OTHER / UNKNOWN	13-TOP				
ŀ			7 / 557 05 05 05 05 05	12 - DRIVERLESS				TRAFFIC			
		1 - NONE 2 - FAILURE TO YIELD	7-LEFT OF CENTER 8-FOLLOWING TOO CLOSE / ACC		17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL			
		3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED ILLEGALLY	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	15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY	2 - TWO-WAY L	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
(s)	CIRCUMSTANCES	5 - UNSAFE SPEED 6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING			
		OF EVENTS			<u> </u>		ON ROAD	1 - NOT INVOLVED			
Ξ				NON-COLLISION			2	1 2 - INVOLVED-ACTIVE CROSSING			
	1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	ADDACITE DIDECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING			
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL	18-ANIMAL - DEER	23 - STRUCK BY FALLING,	UNIT / NON-	MOTORIST DIRECTION			
		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL - OTHER	SHIFTING CARGO OR Anything set in motion		1 - NORTH 5 - NORTHEAST			
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE 24 - OTHER MOVABLE CRIECT	FROM	1 2-SOUTH 6-NORTHWEST 3-EAST 7-SOUTHEAST			
1	3[001110-		21 - PARKED MOTOR VEHICLE	E4-0111CH MOVABLE COJECT	10	4 - WEST 8 - SOUTHWEST			
	41 1	25 - IMPACT ATTENUATOR	31-GUARDRAIL END	N WITH FIXED OBJECT 37-TRAFFIC SIGN POST	- STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
	-	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST		44 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED			
	E1 1 1	STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39-LIGHT/LUMINARIES Support	45 - EMBANKMENT 46 - FENCE	51 - WALL 52 - BUILDING		1 - STATED / ESTIMATED SPEED			
		27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	BARRIER	40 - UTILITY POLE	47 - MAILBOX	53 - TUNNEL	0,10	2 - CALCULATED / EDR			
		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	US SILEBURT	8-TREE 54-OTHER FIXED OBJECT		POSTED SPEED	3 - UNDETERMINED			
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49-FIRE HYDRANT	MANUAL CHANGES	2 -				
	1	FIRST HARMFUL EVEN	T 1 MOST H	ARMFUL EVENT			2 5				
H	ISY8304 OF	11U 1/19 [760-0820]						PAGE 2 OF 6			

LOCAL REPORT NUMBER

2,0,2,1,-,0,0,0,1,5,3,5,9,

UNIT#	OWNER NAME: LAST, FIR		n	()WN	ER PHONF-ING	THOS SEES COOF & SAME AS ORIVE	DAMAGE				
0 2	CARROLL, KATH			t			DAMAGE SCALE				
_	DDRESS: STREET, CITY, STAT						2 1- NONE 3- FUNCTIONAL DAMAGE				
	RFIELD ST ,Brady						2- MINOR		4 - DISABLING DAMAGE		
COMMER	CIAL CARRIER: NAME, ADJ	RESS, CITY, STATE, ZIP		Co	MMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
I D CTATE	LICENSE PLATE #	Mental					DAMAGED AREA(S) INDICATE ALL THAT APPLY				
OH	JLV8934		.E IDENTIFICATION # $\mathbf{E}_1\mathbf{N}_19_1\mathbf{B}_1\mathbf{W}_11_414_17$	7 1	VEHICLE YE		140	ICATE AL	L INAI APPLY		
			INSURANCE POLICY#	1/11	COLOR	Ford VEHICLE MODEL	11 0		11 12		
X INSURA	WESTFIELD N		WNP7105639		RED	FOCUS	12		12		
-	TYPE OF USE		US DOT #	Town	ED BY: COMPAN		11 11 1	7	10 1 1 2		
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	1 1 1 1 1 1 1			T TAME	9 9 3	3	9 9 3		
INTER	LOCK		EHICLE WEIGHT GVWR/GCWR			OUS MATERIAL	-	-/	- 101 -		
INTER DEVIC	E X HIT/SKIP UNI	T WOODGIANTS	1 - ≤10K LBS 2 - 10,001 - 26K LBS		MATERIAL RELEASED	CLASS # PLACARD ID #	8 7 5	4	8 7 7 5 4		
EQUIP	PED —	0 2	3 - >26K LBS		PLACARD		7		12 7 6		
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12-GOLF CART 1	B - LIMO (LI	VERY VEHICLE)	23 - PEDESTRIAN / SKATER	6		12		
0,1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE				PASSENGERS)	24-WHEELCHAIR (ANY TYPE)	10/		1 2		
UNIT TYPE	4 - PICK IIP	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED		O-OTHERV	EHICLE QUIPMENT	25 - OTHER NON-MOTORIST	l	10	2		
	5 - CARGO VAN	BICYCLE			WITH RIDER OR	26-BICYCLE 27-TRAIN	1	9	3 3		
10	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME		DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	1	5 74		
	# OF TRAILING UNITS						12	T	6		
3	WAS VEHICLE OPERATING IN AL	PINAMANIS	O NO AUTOMATION:	CONSTRU	ANAL ANTONOSTON	A DELIZATION IN	11 12	•	5 12		
	MODE WHEN CRASH OCCURRED			- CONDITION - HIGH AUT	DNAL AUTOMATION FOMATION	y - UNKNOWN	10 11 1	2	10 12 1 2		
2	1-YES 2-NO 9-OTHER/UNK	AG LONGING G	2 DIRTIN NUTONIATION -	- FULL AU			10 2	7	10 2		
\$ 	1 HANG	MODE LEVEL					9 9 3	3	9 9 3		
	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11-FIRE 16-			21 - MAIL CARRIER	8 4 -	/	8 4		
0 1	3 - ELECTRONIC RIDE SHARING					99-OTHER / UNKNOWN	6	•	· V		
SPECIAL FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		- TOWING	INIOTAL		7 6 5		7 6 5		
	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15-CONSTRUCTION EQUIPMENT 20-SAFETY SER								
	1 - NO CARGO BODY TYPE		5 - INTERMODAL CONTAINER 8	- POLE		12 - CONCRETE MIXER		12	12 12		
CARGO	/ NOT APPLICABLE	MOTOR VEHICLE		7 * CARGO TAIR		13-AUTOTRANSPORTER	12				
BODY	2 - BUS	4 - LOGGING	7 CRAINICHING/CRAVEL	-FLAT BEI	D	14-GARBAGE/REFUSE	R A R.		3 9 3 9 3		
TYPE			7 - drain/chirs/dravet 11	-DUMP		99-OTHER/UNKNOWN		I			
	1 - TURN SIGNALS	4 - BRAKES		- MOTOR TE	ROUBLE	99-OTHER/UNKNOWN	6		00		
VEHICLE	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - Tire blowout	8 - TRAILER EQUIPMENT 10 DEFECTIVE	DISABLE - COLDEN	D FROM PRIOR			6	6 6		
		0 - 11KC DE04001					☐ - NO DAMAGE	E[0]	UNDERCARRIAGE [14]		
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER			ROSSING ISLAND	12-FIRST RESPONDER					
HOH-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK		- DRIVEWA		AT INCIDENT SCENE 99-OTHER / UNKNOWN	☐-TOP [13]	ļ	-ALL AREAS [15]		
LOCATION AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATIO		WALK 11 - SHARED USE PATHS OR TRAILS		,, other purious	□-U1	NIT NOT #	IT SCENE [16]		
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN 13	- NEGOTIA	TING A CURVE	18-APPROACHING					
, 5 ,	2 - NON-COLLISION	2 - BACKING			G OR CROSSING	OR LEAVING VEHICLE	1		T OF CONTACT		
	3-STRIKING LUIG	6 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE			D LOCATION	19-STANDING	0 - NO DAM		14 - UNDERCARRIAGE		
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING 5 - MAKING RIGHTTURN			, RUNNING, PLAYING	20 - OTHER NON-MOTORIST	1 2 1-12 - REFE		T 15-VEHICLE NOT AT SCENE 99-UNKNOWN		
	5 - BOTH STRIKING ACTIONS & STRUCK	6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED IN TRAFFIC 16	- WORKING		21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP		77 - UNKNOWN		
	9-OTHER/UNKNOWN	o mantage con a police	12 - ORIVERLESS 17 - PUSHING VEHICLE			99 - OTHER / UNKNOWN		TRAF	EIC.		
	1 - NONE	7 - LEFT OF CENTER		- VISION O	BSTRUCTION	21 - LYING IN ROADWAY	TDAFFICWAY CLOW	, KAI			
	2 - FAILURE TO YIELD	B-FOLLOWING TOO CLOSE / ACD	A PARKED POSITION 18	- OPERATI	NG DEFECTIVE	22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY		TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN		
0 2	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED ILLEGALLY	EQUIPME		23 - OPENING DOOR INTO	2 2 - TWO-WAY	, 2	2 - SIGNAL 5 - YIELD SIGN		
CONTRIBUTING	4 - RAN STOP SIGN 5 - UNSAFE SPEED	10-IMPROPER PASSING 11-DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING	FTING/FALLING/	ROADWAY 99 - OTHER IMPROPER ACTION			3 - FLASHER 6 - NO CONTROL		
CIRCUMSTANCES	6-IMPROPERTURN	12-IMPROPER BACKING	16 - WRONG WAY 20	- IMPROPE	R CROSSING	Pr-office and not citacited	# of THROUGH LANES		RAIL GRADE CROSSING		
SEQUENCE	OF EVENTS			_			ON ROAD		1 - NOT INVOLVED		
			NON-COLLISION				_2,	, 1	2 - INVOLVED-ACTIVE CROSSING		
1 2 0		6 - EQUIPMENT FAILURE	ABBACITE BIBCOTIAN AC	- RAILWAY		22 - WORK ZONE MAINTENANCE			3 - INVOLVED-PASSIVE CROSSING		
	3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL 18	-ANIMAL -		EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / N	ON-MOTO	RIST DIRECTION		
2		9 - RAN OFF ROAD LEFT	12-DOWNHILL RUNAWAY	-ANIMAL		SHIFTING CARGO OR	1		1-NORTH 5-NORTHEAST		
		10-CROSS MEDIAN	13 - OTHER NON-COLLISION 20 14 - PEDESTRIAN	- MOTOR VE TRANSPO		ANYTHING SET IN MOTION By a motor vehicle	1	2	2 - SOUTH 6 - NORTHWEST		
3	LOSS OR SHIFT		15 0534100000		HOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM L TO	_3_	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
	OF THEOLOT ATTOMISSION		N WITH FIXED OBJECT -	STRU					4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN		
4	LODACH CHEHRON	31 - GUARDRAIL END 32 - PORTABLE BARRIER		-CURB		50 - WORK ZONE MAINTENANCE EQUIPMENT	U	\neg			
	26-BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER		-DITCH -EMBANK	WENT	51 - WALL	UNIT SPEED		DETECTED SPEED		
5	STRUCTURE	34 - MEDIAN GUARDRAIL	SUPPORT 46	-FENCE		52 - BUILDING			1 - STATED / ESTIMATED SPEED		
	OR BRIDGE DADARET	BARRIER 35 - MEDIAN CONCRETE	43 OTHER BOOK BOLE	7 - MAILBOX		53 - TUNNEL 54 - OTHER FIXED OBJECT		_ `	2 - CALCULATED / EDR		
	29 - BRIDGE RAIL	BARRIER	OR SUPPORT 49			99-OTHER / UNKNOWN	POSTED SPEED		3 - UNDETERMINED		
1	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	JLVERT 37 TABLE 11 JOHN 1			2 , 5 ,				
1	FIRST HARMEIN EVEN	T I I I MOST W	ADMEUL EVENT				1 14 13 1	1			

OF PUBLIC BAFFET MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
	101		2.0.2.10.0.0.1.5.3.5.9.											
UNIT#	NAME: LAST,	·			DATE OF BIRTH AGE GENDER									
0,1		ERLY, ELIZABI	ETH, N		0 7 / 0 9 / 1 9 9 7 2 4 F									
	STREET, CITY, ST	·		44246	CONTACT PH	ONE - INCLUDE AREA C	ODE							
<u> </u>		VE ,Franklin Tw	P,OH						L				١	
Ζ	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT					
OL STATE		ICENSE NUMBER					To a second	0,4	MC HELM	ET 0 1	, 1		_1_	
E	UPERATURE	TCENSE NOMBER		OFFEN:	SE CHAI	RGED	LOCAL OFFENSE DESC		RIPTION		CITATION	NUMBER		
O, H,	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRIN	/ED	41.0	OHOL I PRIVA GUARA			ALCOI	IOL TECT				
OL CLASS	SELECT UP TO 2	MESTRICITOR SELECT	DIST	RACTED		OHOL / DRUG SUSPI		CONDITION	STATUS TYPE	OL TEST VALUE	STATUS TY	UG TEST(S PE RESULT	SELECT UP TO 4	
4				1	=	THER DRUG		1	1 1		1 1			
UNIT #	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
0,2	CARR	OLL, KATHLEE	N, LO	UISE	ı				05/	0, 9, / ,2 (o o o	2 1	F	
ADDRESS:	STREET, CITY, ST	ATE, ZIP				<u></u>				ONE - INCLUDE AREA CO				
2175 (GARFIE	LD ST ,Brady L	ake ,Ol	H 442	66				l _t					
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPL	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED	
<u>5</u>	BY							USED 0 4	MC HELM		1	1 1	, 1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS		RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATION	NUMBER		
OL STATE	l			331.1	17		X	Right of	Way whe	en Tu	15003			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		ER RACTED		OHOL / DRUG SUSPE		CONDITION	ALCOHOL TEST DRUG TEST(S				SELECT UPTO 4	
. 4 .			BY	1	=	LCOHOL MAF	RUUANA	. 1	1 1		320			
UNIT#	NAME: LAST,	FIRST, MIDDLE			<u> </u>	THER DRUG								
		,							DATE OF BIRTH AGE GENDER					
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
1081									CONTACT PHONE - INCLUDE AREA CODE					
injuries	INJURED	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	NAME CITY	SAFETY EQUIPMENT	T DOT COMMUNICATION AIR BAG USAGE EJECTION TRAPPED					
ADDRESS:	TAKEN BY							USED	DOT-COMPL	IANI	AIK BAG USAG	F EYECITON	IKAPPED	
OL STATE	OPERATOR L	ICENSE NUMBER	_	OFFENS			LOCAL	OFFENSE DESC	CRIPTION		CITATION NUMBER			
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OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		ER RACTED	ALCO	DHOL / DRUG SUSPE	CTED	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SEL			
			BY	MACIED	=	LCOHOL MAR	ANAULIS		SIAIUS TIPE	VALUE	SIAIUS	E KESULI	SELECT BP 10 4	
		SEATING DOCUTION			01	THER DRUG							ألصالصال	
1 - FATAL	RIES	1-FRONT-LEFT SIDE	1 - NOT DEPL	R BAG		OL CLASS 1-CLASS A		OL RESTRIC		RIVER DISTRACT -NOT DISTRACTED		TEST STAT	TUS	
SARAN COLUMN	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYE	D FRONT		2 - CLASS B		2 - CDL INTRASTATI		- MANUALLY OPERATING	AN 2-TE	STREFUSED		
3 - SUSPECTED I		3- FRONT - RIGHT SIDE	3 - DEPLOYE					3 - CORRECTIVE LE	NSES	DEVICE (TEXTING, TYP)				
5 - NO APPAREN		4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOT APPL		N1/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER DIALING)			A TEST CIVEN DESILITE MANUAL			
		(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKNOWN 5 - MJC MOPED ONLY			6-EXCEPT CLASS A		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		5 - TEST GIVEN, RESULTS			
1- NOT TRANSPO	TAKEN BY	6 - SECOND - RIGHT SIDE		6 - NO VALID OL & CLASS B I			& CLASS B BUS	D TDAN CO	18 KA 18 18 18 18 18 18 18 18 18 18 18 18 18	UNKNOWN				
/TREATED AT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		FCTION OL ENDORSEMENT 8-INTERMEDIA			8 - INTERMEDIATE		COMMUNICATION DEVICE OTHER ACTIVITY WITH	AN	COHOL TES	TTYPE		
2 - EMS 3 - POLICE		8-THIRD - MIDDLE	1 - NOT EJEC	CTED H - HAZMAT			RESTRICTIONS		ELECTRONIC DEVICE		1 - NONE 2 - BLOOD			
9-OTHER/UNK	NOWN	9-THIRD - RIGHT SIDE	2 - PARTIALL 3 - TOTALLY E			M - MOTORCYCLE P - PASSENGER		9-LEARNER'S PER	7- ELARNER 3 FERMIT			TINE		
CAFETY F	OHIDMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPL			N-TANKER		10 - LIMITED TO DAY	LIGHT ONLY			4 - BREATH		
1- NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	TP	APPED	DE I	Q - MOTOR SCOOTER		D-ENGAPOS PROD	THE VEHIC			TION OUTSIDE 5-OTHER		
2 - SHOULDER B	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRAP			R - THREE-WHEEL MOT S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE	0	Q OTUED (HIMMAIOWAI		DRUG TEST TYPE		
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATE					T - DOUBLE & TRIPLE T	RAILERS	(SPECIAL BRAKE CONTROLS, OR OT	S, HAND		1 - NONE 2 - BLOOD			
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHANICI 5 - CHILD RESTRAINT SYSTEM 23 - FREED BY					X - TANKER / HAZMAT		ADAPTIVE DEVIC	(ES) 1	S) 1 - APPARENTLY NORMAL		INE		
FORWARD FA	FORWARD FACING 13-TRAILING UNIT NON-MECH CHILD RESTRAINT SYSTEM 14-RIDING ON VEHICLE EXTERIOR			HANICAL ME	ANS	GENDER	C. See Links	14 - MILITARY VEHIC	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY	PHYSICAL IMPAIRMENT EMOTIONAL (E.G. DEPRES	4-01	HER		
6 - CHILD RESTR REAR FACING						F-FEMALE		AIR BRAKES		ANGRY, DISTURBED)		G TEST RE	SULT(S)	
7 - BOOSTER SEA		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRROI 17 - PROSTHETIC AID		4 - ILLNESS 5 - Fell Asleep, Fainted,		PHETAMINES		
8 - HELMET USE		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		18 - OTHER	5.		RBITURATES NZODIAZEPINE	9		
9 - PROTECTIVE (ELBOW, KNE									6-	UNDER THE INFLUENCE OF MEDICATIONS / DRUG	4 04	NNABINOIDS		
10-REFLECTIVE										ALCOHOL JACONS / DRUG	5 - CO			
11 - LIGHTING - P / BICYCLE ON									9.	OTHER / UNKNOWN		IATES/OPIOIDS		
99 - OTHER / UNKNOWN											7-0T 8-NE	HER Gative result	21	

	OHIO DE	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER					
				****	JO PRODERIDOR	"		2,0,2,1	- 0 0	0,1,5	3,5	9,		
	UNIT#		ST, FIRST, MIDDLE	-				DATE OF BIRTH AGE GENDER						
	02	1,000	CHEAD, MAI	A, ELISE		0 7 / 0 6 / 1 9 9 9 2 2 F								
OCCUPAN		: STREET, CITY,			CONTACT PHONE - INCLUDE AREA CODE									
1000			ES RD 1460 ,k	Cent, OH 4	ı									
		INJURED TAKEN BY	EMS Agency (NAME)		DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
4	_5_						0,4	MC HELMET	0 3	1 1	1_	1		
	UNIT#	NAME: LAS	IT, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Ľ,	ADDRESS.	STREET, CITY,	STATE 710	<u>_</u>	.									
OCCUPAN	APONEOU.	. 5111221, 6111,	JINIL, EIF					CONTACT PHONE - INCLUDE AREA CODE						
<u>ت</u>	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT	SEATING POSITION AIR BAG USAGE EJECTION TRAPP						
	1 1	TAKEN BY					USED	DOT-COMPLIANT MC HELMET	SCATING FUSITION	AIR DAG USAGE	ESECTION	TRAPPED		
7	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	<u> </u>	AGE	GENDER		
	, ,								/		AUE	GENDER		
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN												TRAPPED		
٥	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	GE EJECTION			
		ВҮ					U3E9	MC HELMET						
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
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CCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
6-	INJURIES	INJURED	THE A											
	INJUNIES	TAKEN	EMS Agency (NAME)		INJURED TAKEN TO; MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		INJL	JRIES	SAFFTY	EQUIPMENT USED		SEATING POS	MC HELMET		L. BAG II				
١	1 - FATA	COLUMN TO STATE OF THE PARTY OF		1 - NONE US			T - LEFT SIDE	TION	1 - NOT DE	AIR BAG U	SAGE			
۱	2 - SUSF	PECTED SE	RIOUS INJURY		HICLE OCCUPANT (MOTORCYCLE DRIVE OULDER BELT ONLY USED 2- FRONT - MIDDLE 3 FRONT BIOLESIDE									
	3 - SUSF	PECTED MI	NOR INJURY						3 - DEPLOYED SIDE					
		SIBLE INJU		3 - LAP BELT	R & LAP BELT USED	4 - SECO	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSE 5 - SECOND - MIDDLE		4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE					
	5 - NO A	PPARENT I	NJURY		STRAINT SYSTEM -									
			TAKEN BY	FORWARD	FACING		ND - RIGHT SID							
ı		TRANSPOR ATED AT S		6 - CHILD RE	ESTRAINT SYSTEM – 7 - THIRD – LEFT SIDE CING (MOTORCYCLE SIDE)			CAR) EJECTION						
ı	2 - EMS			7 - BOOSTER			D-MIDDLE	1 - NOT EJECTED						
ı	3 - POLI	CE		8 - HELMET	USED	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION O 11 - PASSENGER IN OTHE			2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED					
	9 - OTHE	ER / UNKNO	WN		(VE PADS USED			ER ENCLOSED						
		GEN	IDER		(NEES, ETC.) IVE CLOTHING		O AREA (NON-TR ICK-UP WITH CAP		4 - NOT APPLICABLE TRAPPED					
ı	F - FEMA M - MALE				- PEDESTRIAN		ENGER IN UNE	NCLOSED						
-		- R/UNKNO\	WN	/ BICYCLE		13 - TRAIL	O AREA LING UNIT			1 - NOTTRAPPED				
ı				99 - OTHER / L	NKNOWN		G ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICA MEANS			AL		
ı						15 - NON-I	TRAILING UNIT) MOTORIST	3 - FREED BY NON-MECHANICAL						
						99 - OTHE	R/UNKNOWN		MEANS					
SS		T, FIRST, MIDDI							E OF BIRTH	0 (AGE	GENDER		
GARDNER, TYLER, W ADDRESS: STREET, CITY, STATE, ZIP									8 / 1 9		2 6	<u>M</u> _		
424 LAKE ST 108 ,Kent, ,OH 44240								CONTACT PHONE - INCLUDE AREA CODE						
-	NAME: LAST, FIRST, MIDDLE								E OF BIRTH	- ' T'	AGE	GENDER		
NESS												,		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
														
SS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
I NE	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
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OHIO DEPARTMENT OF PUBLIC SAFETY NATURE Continuation

LOCAL REPORT NUMBER

2 0 2 1 - 0 0 0 1 5 3 5 9

FINGER TO THE OPERATOR OF UNIT 1 AND

FLED THE SCENE S/B ON S. WATER ST. UNIT 1 PULLED OVER AFTER THE CRASH. UNIT 2 REPORTED TO PULL OVER TO CHECK THE DAMAGE STATING IT WAS ONLY COSMETIC SO SHE CONTIUNED ON HER WAY. UNIT 2 CAUSED A 2 UNIT MINOR PROPERTY DAMAGE ONLY CRASH.

IN DEPENDANT PEDESTRIAN WITNESS, TYLER W. GARDNER, PROVIDED A VERBAL STATEMENT.