| OHIO DEPARTMENT OF PUBLIC SAFETY   | RAFFIC CRA               | ·                        | OCAL REPORT NU                 | MBER*                              |  |                            |                                   |  |  |
|------------------------------------|--------------------------|--------------------------|--------------------------------|------------------------------------|--|----------------------------|-----------------------------------|--|--|
| PHOTOS TAKEN                       | OH-2 0H                  | 1-3 LOC                  | MENT REPORT                    | 1                                  | - , 0 , 0 , 0 ,  | 1,6,8,0,1,                 |                                   |  |  |
| SECONDARY CRASH                    |                          | HER REP                  | ORTING AGENCY NAME             |                                    |  | NCIC*                      | HIT/SKIP                          | NUMBER OF UNITS                              | UNIT IN ERROR  |
| 3ECONDART CRASH                    | PRIVATE PROP             | ERTY Ci                  | ty of Kent Pol                 | ice                                |  | 6 7 0 3                    | 1 - SOLVED                        | 0 2  | 0 1 98 - ANIMAL  |
| COUNTY* LOCALITY*                  |                          | 100                      | AGE, TOWNSHIP*                 |                                    |  |                            | CRASH DATE /                      | TIME*  | CRASH SEVERITY   |
| 0 / 1 3-                           | VILLAGE<br>TOWNSHIP Kent |                          |                                |                                    |  |                            | 110101912101211                   | /11056 5                                     | 1 - FATAL  2 - SERIOUS INJURY  |
| ROUTE TYPE ROUTE NU                |                          | DUTH                     | ATION ROAD NAME                |                                    |  | ROAD TYPE                  | LATITUDE DE                       | CIMAL DEGREES                                | SUSPECTED  |
|                                    | 2 E-E,                   | /EST   VV                | TER                            |                                    | <u>.</u>   | ST                         | 410146                            | 5 9 6  | 3 - MINOR INJURY<br>SUSPECTED  |
| ROUTE TYPE ROUTE NU                | S - S0                   | DUTH                     | RENCE ROAD NAME (RI            | DAD, MILEPOST, H                   | 10USE #)   | ROAD TYPE                  | LONGITUDE of                      | ECIMAL DEGREES                               | 4 - INJURY POSSIBLE  |
|                                    | E - E.<br>W - W          | EST HA                   | ALL                            |                                    |  | ST                         | 811.358                           | 3 7 4  | 5 - PROPERTY DAMAGE<br>ONLY  |
| 1 - INTERSECTION                   | DIRECTION FROM REFERENCE | IR - INTE                | ROUTE TYPE<br>RSTATE ROUTE(TP) | AL - ALLEY                         | ROAD TYPE<br>HW-HIGHWAY  | RD - ROAD                  |                                   | INTERSECTION RE                              | LATED  |
| 1 2- MILE POST<br>3-HOUSE #        | 2 S-SOUTH                | ANG COLUMN               | RAL US ROUTE                   | AV - AVENUE                        | LA - LANE  | SQ - SQUARE                | WITHIN INTE                       | RSECTION OR ON AP                            | PROACH   |
|                                    | E-EAST<br>W-WEST         | SR - STAT                | E ROUTE                        | BL - BOULEVARD<br>CR - CIRCLE      | MP - MILEPOST<br>OV - OVAL   | ST - STREET                | WITHIN INTE                       | RCHANGE AREA                                 | NUMBER OF APPROACHES   |
| DISTANCE<br>FROM REFERENCE         | UNIT OF MEASURE          |                          | BERED COUNTY ROUTE             | CT - COURT                         | PK - PARKWAY   | TE - TERRACE<br>TL - TRAIL |                                   | ROADWAY                                      |  |
| 2,5                                | 3 2-FEET                 | ROU"                     | BERED TOWNSHIP<br>E            | DR - DRIVE<br>HE - HEIGHTS         | PI - PIKE  | WA - WAY                   | ROADWAY DIV                       | IDED   |  |
|                                    | N OF FIRST HARMFUL       | EVENT                    |                                |                                    | PL - PLACE   |                            | <del></del>                       |  |  |
| 1 - ON ROADWA                      |                          |                          | 1-1                            | WANNER OF CRASS<br>NOT COLLISION 4 |  |                            | DIRECTION OF TRAVE                |  | EDIAN TYPE<br>DED FLUSH MEDIAN   |
| 0 1 2-ON SHOULD                    |                          | /EWAY/ALLE<br>.WAY GRADE | CDOCCINC                       | TWO MOTOR                          | 5 - BACKING  |                            | S-SOUTH                           | (<4  | FEET)  |
| 4 - ON ROADSIC                     | DE 12-SHA                | RED USE PA               |                                | A CHILOCOP 2 114                   | 6 - ANGLE<br>7 - SIDESWIPE, SA   | ME DIRECTION               | E - EAST<br>W - WEST              |  | DED FLUSH MEDIAN<br>FEET )   |
| 5 - ON GORE<br>6 - OUTSIDE TR      | TRA<br>AFFIC WAY 13-BIK  |                          |                                |                                    | B - SIDESWIPE, 0P<br>9 - OTHER / UNKNI                                       |                            |                                   |  | DED, DEPRESSED MEDIAN DED, RAISED MEDIAN                               |
| 7 - ON RAMP                        | 14-TOLI                  | L BOOTH<br>ER / UNKNOV   | 1 15                           | TENS ON                            | 7 OTTIER TORKN   | 74414                      |                                   | (AN)   | TYPE) ER/UNKNOWN   |
| 8-OFF RAMP                         | 77-0111                  |                          |                                |                                    |  |                            |                                   |  | ERONKNOWN  |
| WORK ZONE RELAT                    | TED                      |                          | RK ZONE TYPE<br>CLOSURE        |                                    | IN OF CRASH IN W<br>- BEFORE THE 1ST   |                            | CONTOUR                           | CONDITIONS                                   | SURFACE  |
| WORKERS PRESEN                     | IT                       | 2 - LANE                 | SHIFT/CROSSOVER                |                                    | WARNING SIGN   |                            | <u>. l</u> .j                     | 1  | 2  |
| LAW ENFORCEMEN                     | NT PRESENT               |                          | ON SHOULDER<br>DIAN            |                                    | - ADVANCE WARN<br>- TRANSITION ARE   |                            | 1 - STRAIGHT LEVEL                | 1 - DRY<br>2 - WET                           | 1 - CONCRETE<br>2 - BLACKTOP,  |
| ACTIVE SCHOOL ZO                   | ONE                      | 4 - INTE                 | RMITTENT OR MOVING W           | I                                  | - ACTIVITY AREA<br>- TERMINATION A   | DEA                        | 3 - CURVE LEVEL                   | 3-SNOW                                       | BITUMINOUS,<br>ASPHALT   |
|                                    |                          | 2201112                  |                                |                                    | - TERMINATION A  | NLA                        | 4 - CURVE GRADE                   | 4 - ICE                                      | 3 - BRICK/BLOCK  |
| 1 - DAYLIGHT                       | CONDITION                |                          | WEA<br>1 - CLEAR               | ATHER<br>6 - SNOW                  |  |                            | 9 - OTHER/UNKNOWN                 | 5 - SAND, MUD, DIR                           | 4 - SLAG, GRAVEL,  |
| 1 2- DAWN/DUSK                     |                          | 0.                       | 1 2-CLOUDY                     | 7 - SEVERE                         | CROSSWINDS   |                            |                                   | 6 - WATER (STANDI                            | NG, 5-DIRT   |
| 3 - DARK - LIGH<br>4 - DARK - ROAL | OWAY NOT LIGHTED         |                          | 3-FOG, SMOG, SM<br>4-RAIN      |                                    | G SAND, SOIL, DIR<br>IG RAIN OR FREE:  |                            |                                   | MOVING) 7 - SLUSH                            | 9 - OTHER/UNKNOWN  |
| 5 - DARK UNK!<br>9 - OTHER / UNK   | NOWN ROADWAY LIG         | HTING                    | 5 - SLEET, HAIL                |                                    | /UNKNOWN   |                            | 1                                 | 9 - OTHER/UNKNOW                             | 'N   |
| NARRATIVE                          | KINOANIK                 |                          |                                |                                    | I  |                            |                                   |  |  |
|                                    |                          |                          |                                |                                    |  |                            |                                   | 1  | Indicate the north direction with                                      |
| UNIT ONE AN                        | ND UNIT TV               | VO WE                    | RE TRAVEL                      | ING                                |  |                            |                                   | 7  | an "N" on the compass diagram.   |
| SOUTHBOU                           | ND ON S. W               | ATER                     | ST. UNIT TW                    | O MADE                             | A OTHER  | r                          |                                   | <u>.                                    </u> |  |
| STOP BECA                          | USE THE V                | EHICI                    | E IN FRONT                     | OFTHEN                             | 1  |                            |                                   | d -a   |  |
| FAILED TO                          |                          |                          |                                |                                    |  | . ST.                      | i l i                             | E. HALL ST.                                  |  |
|                                    |                          |                          | CED CLEAR                      | DISTANC                            | r — —  | - —                        |                                   |  | -  |
| REAR ENDI                          | NG UNIT T                | WU.                      |                                |                                    |  |                            | <b>3</b> !   1                    |  | -  |
|                                    |                          |                          |                                |                                    |  |                            | <b>∌</b> !   i                    | S  |  |
|                                    |                          |                          |                                |                                    |  | Į.                         |                                   | WATER ST                                     |  |
|                                    | 1782111                  |                          |                                |                                    |  |                            |                                   | =  |  |
|                                    |                          |                          |                                |                                    | GUL!<br>STATION E  | GAS<br>NTERENCE            |                                   |  |  |
|                                    |                          |                          |                                |                                    |  | $\overline{}$              | ,   I                             |  | (\$z   |
|                                    |                          |                          |                                |                                    |  |                            | !                                 |  | Not To Scale   |
|                                    |                          |                          |                                |                                    |  |                            |                                   |  |  |
| CRASH REPORTED D                   | DATE / TIME              | DISPA                    | TCH DATE / TIME                | ARF                                | RIVAL DATE / TIM   | Ē                          | SCENE CLEARED D                   | ATE/TIME                                     | REPORT TAKEN BY  |
|                                    |                          | 0.0.9.2                  | 0 2 1 / 1 0 5                  | 6 1 0 0 9                          | 2 <sub>1</sub> 0 <sub>1</sub> 2 <sub>1</sub> 1 <sub>1</sub> / <sub>1</sub> 1 | 1 0 0 1                    | 10101912101211                    | .   /   1   1   5   0                        | POLICE AGENCY  |
| TOTAL TIME<br>ROADWAY CLOSED INVE  | OTHER<br>ESTIGATION TIME | TOTAL<br>MINUTES         | officer's NAME* Easterling, S  | amontha                            |  | HECKED BY OFFI             |                                   |  | MOTORIST   |
| - =                                | -                        |                          |                                | BADGE NUMBER                       |  |                            | er, James<br>BY OFFICER'S BADGE N | IIMREP*                                      | SUPPLEMENT (CORRECTION OR ADDITION TO AM EXISTING REPORT SENT TO COPS) |
|                                    | 3 0 0                    | 8 4                      | 2 5 4                          |                                    |  |                            | 5                                 |  |  |

| ı | 2 | 0 | 2 | 1 | , - | 0 | 0 | 0 | 1 | 6 | 8 | 0 | . 1 |
|---|---|---|---|---|-----|---|---|---|---|---|---|---|-----|
|---|---|---|---|---|-----|---|---|---|---|---|---|---|-----|

| CIMITE #                        | OWNED NAME                                 |   |  |  |  |   |                                      |
|---------------------------------|--|---|--|--|--|---|--------------------------------------|
| UNIT#                           |  | ST, MIDDLE (X SAME AS DRIVER)                   |  | OWNER PHONE: IN                            | CLUDE AREA CODE ( TX) SAME AS DRIVER)        |   | DAMAGE                               |
| 0_1                             | MORRISON, HAY                              |   |  |  |  | 1   | MAGE SCALE                           |
| 4                               | DDRESS: STREET, CITY, STATE                | ALCEL ALCEL                                     |  |  |  | 1 1- NONE                                 | 3 - FUNCTIONAL DAMAGE                |
| 211 EDV                         | VIN AVE SE ,MASSI                          | OH 44646  |  |  |  | L 2- MINOR DAM                            | AGE 4 - DISABLING DAMAGE             |
| COMMER                          | CIAL CARRIER: NAME, ADD                    | RESS, CITY, STATE, ZIP                          |  | COMMERCIAL CARRIE                          | R PHONE: INCLUDE AREA CODE                   | 9-  | UNKNOWN                              |
|                                 |  |   |  |  |  | DAN                                       | AGED AREA(S)                         |
| LP STATE                        | LICENSE PLATE #                            | VEHICLE   | IDENTIFICATION #                                   | MENTAL E M                                 | EAD WENTER BANKS                             |   | E ALL THAT APPLY                     |
|                                 |  |   |  | VEHICLE Y                                  |  |   | - 11-2 11:01 (17 2)                  |
| OH                              | JFJ1829                                    |   | K4 M11178  |  |  | 12  | 12                                   |
| X INSURA                        | NCE INSURANCE COMP                         |   | NSURANCE POLICY #                                  | COLOR                                      | VEHICLE MODEL                                |   | 12                                   |
| IZZI VERIF                      | ED STATE FARM                              |   | 247-8163-F30-35A                                   | RED  | CK 1500                                      | 10 11 1 2                                 | 10 11 1 2                            |
|                                 | TYPE OF USE                                |   | US DOT #   | TOWED BY: COMPA                            | NY NAME                                      | 10 2                                      | 102 322 2                            |
| COMME                           | RCIAL GOVERNMENT                           | IN EMERGENCY RESPONSE                           |  | ,  |  | 9 9 3 3                                   | 9 9 3                                |
|                                 |  | VE  | HICLE WEIGHT GVWR/GCWR                             | HAZARD                                     | OUS MATERIAL                                 | 0 4 -                                     |                                      |
| INTER                           | LOCK   HIT/SKIP UNI                        | #UCCUPANIS                                      | 1 - ≤10K LBS                                       | MATERIAL RELEASED                          | CLASS # PLACARD ID #                         | B 7 5 4                                   | 7 5 5                                |
| EQUIP                           | PED MILITARITY ONL                         | `  <sub> 0 3 </sub>  ,                          | 2 - 10,001 - 26K LBS                               | PLACARD                                    |  | 6   |                                      |
|                                 |  |   | 3 - >26K LBS                                       | LIFEACARD                                  | <u> </u>                                     | 7 6 11                                    | 12 7 6 5                             |
|                                 | 1 - PASSENGER CAR                          | 7 - MOTORCYCLE 2-WHEELED                        | 12-GOLF CART                                       | 18-LIMO (LIVERY VEHICLE)                   | 23 - PEDESTRIAN / SKATER                     | "   | 12                                   |
| 0 1                             | 2 - PASSENGER VAN (MINIVAN)                |   | 13-SNOWMOBILE                                      | 19-BUS (16+ PASSENGERS)                    | 24 - WHEELCHAIR (ANY TYPE)                   | 10  | 11 2                                 |
|                                 | 3 - SPORT UTILITY VEHICLE                  | 9 - AUTOCYCLE                                   | 14-SINGLE UNITTRUCK                                | 20 - OTHER VEHICLE                         | 25 - OTHER NON-MOTORIST                      | I —                                       | 10 2                                 |
| UNIT TYPE                       | 4 - PICK UP                                | 10 - MOPED OR MOTORIZED                         | 15 - SEMI-TRACTOR                                  | 21 - HEAVY EQUIPMENT                       | 26-BICYCLE                                   | 9 (                                       | 9 3 3                                |
|                                 | 5 - CARGO VAN                              | BICYCLE   | 16-FARM EQUIPMENT                                  | 22 - ANIMAL WITH RIDER OR                  | 27 - TRAIN                                   | <b>⊢</b>                                  | 8 4 -                                |
|                                 | 6 - VAN (9-15 SEATS)                       | 11 - ALL TERRAIN VEHICLE<br>(ATV / UTV)         | 17 - MOTORHOME                                     | ANIMAL-DRAWN VEHICLE                       | 99 - UNKNOWN OR HIT/SKIP                     | 8   | 7 5 4                                |
| 1 00                            | # OFTRAILING UNITS                         | W(1/011)  |  |  |  |   | 6                                    |
|                                 |  |   |  |  |  | 11 12 7                                   | 6 11 1                               |
| i                               | WAS VEHICLE OPERATING IN AU                |   | 0 - NO AUTOMATION                                  | 3 - CONDITIONAL AUTOMATION                 | 9 - UNKNOWN                                  | 12  | 12                                   |
| 2                               | MODE WHEN CRASH OCCURRED                   | . 0 .   | 1 - DRIVER ASSISTANCE                              | 4 - HIGH AUTOMATION                        |  | 10 11 2                                   | 10 11 2                              |
| 2                               | 1-YES 2-NO 9-OTHER/UNK                     | NOWN AUTONOMOUS                                 | 2 - PARTIAL AUTOMATION                             | 5 - FULL AUTOMATION                        |  | 10 2                                      | 10 2                                 |
|                                 |  | MODE LEVEL                                      |  |  |  | 9 9 3 3                                   | 9 9 3                                |
|                                 | 1 - NONE                                   | 6 - BUS - CHARTER/TOUR                          | 11-FIRE  | 16-FARM                                    | 21 - MAIL CARRIER                            | - 0 4 -                                   | 0 4 -                                |
| 10:1:                           | 2 - TAXI                                   | 7 - BUS - INTERCITY                             | 12 - MILITARY                                      | 17 - MOWING                                | 99-OT-ER/UNKNOWN                             | B 7 5 4                                   | B 7 3 4                              |
| SPECIAL                         | 3 - ELECTRONIC RIDE SHARING                | 8 - BUS - SHUTTLE                               | 13 - POLICE  | 18-SNOW REMOVAL                            |  | 8   | 6                                    |
| FUNCTION                        | 4 - SCHOOL TRANSPORT                       | 9 - BUS - OTHER                                 | 14 - PUBLIC UTILITY                                | 19-TOWING                                  |  | 6   | 6 5                                  |
|                                 | 5 - BUS - TRANSIT/COMMUTER                 | 10 - AMBULANCE                                  | 15 - CONSTRUCTION EQUIPMENT                        |  |  |   |                                      |
|                                 |  |   |  |  | <del></del>                                  |   | 12 12 12                             |
| 10111                           | 1 - NO CARGO BODY TYPE<br>/ NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER<br>MOTOR VEHICLE     | 5 - INTERMODAL CONTAINER<br>CHASSIS                | B - POLÉ                                   | 12-CONCRETE MIXER                            | 12  |                                      |
| CARGO                           | 2 - BUS                                    | 4 - LOGGING                                     |  | 9 - CARGOTANK                              | 13 - AUTO TRANSPORTER                        | 9.0                                       |                                      |
| BODY                            | 2 - 003                                    | 4 - LUBBING                                     | 6 - CARGO VAN/ENCLOSED BOX                         | 10-FLAT BED                                | 14-GARBAGE/REFUSE                            | R AA R.                                   | <b>6</b> 3 9 <b>1</b> 3 9 <b>6</b> 3 |
| TYPE                            |  |   | 7 - GRAIN/CHIPS/GRAVEL                             | 11-DUMP                                    | 99-OTHER/UNKNOWN                             | 1 1 0 0 3 3 °                             |                                      |
|                                 | 1 - TURN SIGNALS                           | 4 - BRAKES                                      | 7 - WORN OR SLICKTIRES                             | 9 - MOTOR TROUBLE                          | OC ATUED HUMANAWA                            | 0   | 00                                   |
| LIII I                          | 2 - HEAD LAMPS                             | 5 - STEERING                                    |  |  | 99 - OTHER / UNKNOWN                         | 6   |                                      |
|                                 | 3 - TAIL LAMPS                             |   | 8 - TRAILER EQUIPMENT<br>DEFECTIVE                 | 10 - DISABLED FROM PRIOR<br>ACCIDENT       |  |   | 6 6 6                                |
|                                 | J - TRIL DAMPS                             | 6 - TIRE BLOWOUT                                |  |  |  | - NO DAMAGE [ 0                           | J - UNDERCARRIAGE [ 14 ]             |
|                                 | 1 - INTERSECTION - MARKED                  | 3 - INTERSECTION - OTHER                        | 6 - BICYCLE LANE                                   | 9 - MEDIAN/CROSSING ISLAND                 | 12 - FIRST RESPONDER                         | - NO DAMAGE ( U                           | - UNUERCARRIAGE [ 14 ]               |
|                                 | CROSSWALK                                  | 4 - MIDBLOCK - MARKED                           | 7 - SHOULDER / ROADSIDE                            | 10-DRIVEWAY ACCESS                         | AT INCIDENT SCENE                            | -TOP ( 13 )                               | - ALL AREAS [ 15 ]                   |
| NON-MOTORIST                    | 2 - INTERSECTION - UNMARKED                | CROSSWALK                                       | B - SIDEWALK                                       | 11 - SHARED USE PATHS OR                   | 99-OTHER/UNKNOWN                             |   | M-WEE WENS [19]                      |
| LOCATION<br>AT IMPACT           | CROSSWALK                                  | 5 -TRAVEL LANE - OTHER LOCATION                 | o olocimen   | TRAILS                                     |  | ☐ - UNIT I                                | OT AT SCENE [16]                     |
|                                 | 1 - NON-CONTACT                            | 1 CTDAIGUT AUCAD                                | T. MARKEN TURN                                     | 14 45465454544                             |  |   |                                      |
|                                 | 2 - NON-COLLISION                          | 1 - STRAIGHT AHEAD                              | 7 - MAKING U-TURN                                  | 13 - NEGOTIATING A CURVE                   | 18 - APPROACHING<br>OR LEAVING VEHICLE       | INITIAL                                   | POINT OF CONTACT                     |
| _3                              | 2-NUN-CUCLISION 0 1 1 1                    | 2 - BACKING                                     |  | 14 - ENTERING OR CROSSING                  |  | 0 - NO DAMAGE                             | 14 - UNDERCARRIAGE                   |
|                                 | 3-STRIKING UIT                             | 3 - CHANGING LANES                              | 9 - LEAVING TRAFFIC LANE                           | SPECIFIED LOCATION  15 - WALKING, RUNNING. | 19-STANDING                                  | 1 2 1-12 - REFERTO                        | UNIT 15-VEHICLE NOT AT SCENE         |
| ACTION                          | 5- BOTH STRIKING ACTIONS                   | 4 - OVERTAKING/PASSING                          | 10-PARKED  | JOGGING, PLAYING                           | 20 - OTHER NON-MOTORIST                      | 1 2 1-12 - REFERIO                        |                                      |
|                                 | & STRUCK                                   |   | 11 - SLOWING OR STOPPED<br>In Traffic              | 16 - WORKING                               | 21 - STANDING OUTSIDE<br>DISABLED VEHICLE    | 13 - TOP                                  | 77 - UNKNOWN                         |
|                                 | 9-OTHER/UNKNOWN                            | 6 - MAKING LEFT TURN                            |  | 17 - PUSHING VEHICLE                       | 99 - OTHER / UNKNOWN                         |   |                                      |
|                                 |  |   | 12-DRIVERLESS                                      |  | Villent Wildight                             |   | RAFFIC                               |
|                                 |  | 7 - LEFT OF CENTER                              | B1 51155 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5           | 17 - VISION COSTRUCTION                    | 21 - LYING IN ROADWAY                        | TRAFFICWAY FLOW                           | TRAFFIC CONTROL                      |
|                                 | 2 - FAILURE TO YIELD                       | 8 - FOLLOWING TOO CLOSE / ACDA                  |  | 18 - OPERATING DEFECTIVE                   | 22 - NOT DISCERNIBLE                         | 1 - ONE-WAY                               | 1 - ROUNDABOUT 4 - STOP SIGN         |
| [0,8]                           | 3 - RAN RED LIGHT                          | 9 - IMPROPER LANE CHANGE                        | 14-STOPPED OR PARKED ILLEGALLY                     | EQUIPMENT                                  | 23-OPENING DOOR INTO                         |   | C 2 CICHAL C VIELD CICH              |
|                                 | 4 - RAN STOP SIGN                          | 10-IMPROPER PASSING                             | 15 - SWERVING TO AVOID                             | 19-LOAD SHIFTING/FALLING/                  | ROADWAY                                      | 2 2 - TWO-WAY                             | U ,                                  |
| CIRCUMSTANCE                    | 5 - UNSAFE SPEED                           | 11 - DROVE OFF ROAD                             | 16 - WRONG WAY                                     | SPILLING                                   | 99-OTHER IMPROPER ACTION                     |   | 3 - FLASHER 6 - NO CONTROL           |
|                                 |  | 12-IMPROPER BACKING                             | 20 - HIUHU WAT                                     | 20 - IM PROPER CROSSING                    |  | # OF THROUGH LANES                        | RAIL GRADE CROSSING                  |
| SEQUENCE                        | OF EVENTS                                  |   |  |  |  | ON ROAD                                   | 1 - NOT INVOLVED                     |
|                                 |  |   | NON-COLLISION                                      |  |  | ,4,  ,                                    | 1 2 - INVOLVED-ACTIVE CROSSING       |
| 1_2 <sub>1</sub> 0 <sub>1</sub> | 1 - OVERTURN/ROLLGVER                      | 6 - EQUIPMENT FAILURE                           | 11 - CROSS CENTERLINE -                            | 16-RAILWAYVEHICLE                          | 22 - WORK ZONE MAINTENANCE                   |   | 3 - INVOLVED-PASSIVE CROSSING        |
| 1_4   0                         |  | 7 - SEPARATION OF UNITS                         | OPPOSITE DIRECTION OF                              | 17 - ANIMAL — FARM                         | EQUIPMENT                                    |   |                                      |
|                                 | 3 - IMMERSION                              | B - RAN OFF ROAD RIGHT                          | TRAVEL   | 18-ANIMAL - DEER                           | 23-STRUCK BY FALLING,                        | UNIT / NON-I                              | MOTORIST DIRECTION                   |
| 2                               | 4 - JACKKNIFE                              | 9 - RAN OFF ROAD LEFT                           | 12 - DOWNHILL RUNAWAY                              | 19-ANIMAL - OTHER                          | SHIFTING CARGO OR                            |   | 1 - NORTH 5 - NORTHEAST              |
|                                 |  | 10-CROSS MEDIAN                                 | 13-OTHER NON-COLLISION                             | 20 - MOTOR VEHICLE IN                      | ANYTHING SET IN MOTION<br>BY A MOTOR VEHICLE |   | 2 - SOUTH 6 - NORTHWEST              |
|                                 | LOSS OR SHIFT                              | ensee mastrii                                   | 14-PEDESTRIAN                                      | TRANSPORT                                  | 24-OTHER MOVABLE OBJECT                      | FROM 1 TO 2                               | 3 - EAST 7 - SOUTHEAST               |
| 3[                              |  |   | 15-PEDALCYCLE                                      | 21 - PARKED MOTOR VEHICLE                  |  |   | 4 - WEST 8 - SOUTHWEST               |
|                                 | OF IMPACT ATTEMUATOR                       |   | WITH FIXED OBJECT                                  |  |  |   | 9 - OTHER / UNKNOWN                  |
| 4                               | 25 - IMPACT ATTENUATOR<br>/ CRASH CUSHION  | 31 - GUARDRAIL END                              | 37 -TRAFFIC SIGN POST                              | 43 - CURB                                  | 50 - WORK ZONE MAINTENANCE<br>EQUIPMENT      |   |                                      |
|                                 | 26 - BRIDGE OVERHEAD                       | 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES | 44 - DITCH                                 | 51 - WALL                                    | UNIT SPEED                                | DETECTED SPEED                       |
| sı                              | STRUCTURE                                  | 34 - MEDIAN GUARDRAIL                           | SUPPORT  | 45 - EMBANKMENT                            | 52 - BUILDING                                |   | STATED / ESTIMATED SPEED             |
| 5[                              | 27 - BRIDGE PIER OR ABUTMENT               | BARRIER   | 40 - UTILITY POLE                                  | 46 - FENCE<br>47 - MAILBOX                 | 53 - TUNNEL                                  | $\begin{bmatrix} 0 & 2 & 5 \end{bmatrix}$ | 2 - CALCULATED / EDR                 |
|                                 | 28-BRIDGE PARAPET                          | 35 - MEDIAN CONCRETE                            | 41 - OTHER POST, POLE                              | 48 -TREE                                   | 54 - OTHER FIXED OBJECT                      |   | -                                    |
| 6[                              | 29 - BRIDGE RAIL                           | BARRIER   | OR SUPPORT   | 49-FIRE HYDRANT                            | 99 - OTHER / UNKNOWN                         | POSTED SPEED                              | 3 - UNDETERMINED                     |
|                                 | 30-GUARDRAIL FACE                          | 36-MEDIAN OTHER BARRIER                         | 42-CULVERT   | The second second                          |  |   |                                      |
| 1 .                             | FIRST HARMFUL EVEN                         | 1   | ARMFUL EVENT                                       |  |  | 2 , 5 ,                                   |                                      |

LOCAL REPORT NUMBER

2,0,2,1,-,0,0,0,1,6,8,0,1

| LIMITY A                   | OWNED NAME  |  |   |   |  | V 10 10 10                                    |                               | 0 1 0         |  |  |  |
|----------------------------|---|--|---|---|--|---|-------------------------------|---------------|--|--|--|
| UNIT #                     | OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER) THORNTON, GABRIEL |  |   |   | HONFINGE                               | OF REFA CODE (TY) SAME AS DRIVER)             | _                             |               | MAGE   |  |  |
| • 4                        | DDRESS: STREET, CITY, STATE   |  | <del></del>                                 |   |  |   | I I NONE                      | DAMA          | GE SCALE   |  |  |
| _                          | KINNEY BLVD ,Ke   |  |   |   |  |   | 2 1- NONE<br>2- MINOR D       | 24446         | 3 - FUNCTIONAL DAMAGE E 4 - DISABLING DAMAGE                     |  |  |
|                            | ERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                     |  |   |   | real Cappren I                         | PHONE: INCLUDE AREA CODE                      | 2-101111011                   |               | KNOWN  |  |  |
|                            |   |  |   | 1 1 1                                   | I I                                    | I I I I I I                                   | DAMAGED AREA(S)               |               |  |  |  |
| LP STATE                   | LICENSE PLATE #   | VEHICLE  | IDENTIFICATION #                            | VE                                      | HICLE YEA                              | R VEHICLE MAKE                                |                               |               | LL THAT APPLY  |  |  |
| OH                         | M912779   | 1  | P 2 H C 2 8 4                               |   | 10:1:7                                 |   |                               |               |  |  |  |
| INSURA                     | NCE INSURANCE COMP  |  | NSURANCE POLICY #                           |   | COLOR                                  | VEHICLE MODEL                                 | 11 12                         |               | 11 12 1  |  |  |
| X VERIF                    | NATIONAL GE   | NERAL 2  | 013117706                                   | SI                                      | L                                      | ALTIMA  | 10 12                         | 2             | 10 12  |  |  |
|                            | TYPE of USE   |  | US DOT #                                    | TOWED B                                 | Y: COMPANY                             | NAME  | 10 2                          | 7             | 10 000 2   |  |  |
| COMME                      | RCIAL GOVERNMENT  | IN EMERGENCY RESPONSE                              |   |   |  |   | 9 9 3                         | 3             | 9 9 3  |  |  |
| INTER                      | 1 acv   |  | HICLE WEIGHT GVWR/GCWR                      | ٦ ا السر ميم <u>-</u>                   |  | JS MATERIAL                                   | - 0 4 -                       | +             |  |  |  |
| DEVICE EQUIP               | E HIT/SKIP UNI  |  | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS       | REL                                     | ERIAL C                                | LASS # PLACARD ID #                           | 8 7 5                         | 4             | B 7 9 5 4  |  |  |
| EQUIP                      | PED —   | 0 1  | 3 - >26K LBS                                | ' Dela                                  | CARD L                                 |   | 7 6                           |               | 12 7   |  |  |
|                            | 1 - PASSENGER CAR   | 7 - MOTORCYCLE 2-WHEELED                           | 12-GOLF CART                                | 18-LIMO (LIVERY                         | VEHICLE)                               | 23 - PEDESTRIAN / SKATER                      | 6                             | 11            | 12 6   |  |  |
| 0,1,                       | 2 - PASSENGER VAN (MINIVAN)   |  | 13-SNOWMOBILE                               | 19-BUS (16+ PASS                        | ENGERS)                                | 24 - WHEELCHAIR (ANY TYPE)                    | 10 /                          | $^{\sim}$     | 1 2  |  |  |
| UNIT TYPE                  | 3 - SPORT UTILITY VEHICLE   | 9 - AUTOCYCLE                                      | 14-SINGLE UNITTRUCK                         | 20 - OTHER VEHICL                       | E                                      | 25 - OTHER NON-MOTORIST                       | <i>_</i>                      | 10            | 2  |  |  |
| UNIT TITE                  |   | 10-MOPED OR MOTORIZED<br>BICYCLE                   | 15-SEMI-TRACTOR                             | 21 - HEAVY EQUIPM                       |  | 26-BICYCLE                                    | 9 (                           | 9             | 3 3  |  |  |
|                            | 5 - CARGO VAN<br>6 - VAN (9-15 SEATS)                               | 11 - ALL TERRAIN VEHICLE                           | 16-FARM EQUIPMENT<br>17-MOTORHOME           | 22 - ANIMAL WITH<br>ANIMAL-DRAW         |  | 27 - TRAIN                                    | T                             | B 3           | ## <b>7</b>  |  |  |
| 00,                        |   | (ATV / UTV)  | 17-MUTURNUME                                |   | ., , , , , , , , , , , , , , , , , , , | 99 - UNKNOWN OR HIT/SKIP                      | 8 \                           | < H           | 5 /4   |  |  |
| 1 00                       | # OF TRAILING UNITS   |  |   |   |  |   | 12 1                          | 7             | 5 12 1   |  |  |
| п                          | WAS VEHICLE OPERATING IN AU   |  | 0 - NO AUTOMATION                           | 3 - CONDITIONAL A                       | UTOMATION                              | 9 - UNKNOWN                                   | 12                            |               | 12   |  |  |
| , 2                        | MODE WHEN CRASH OCCURRED  | 1 0 1  | 1 - DRIVER ASSISTANCE                       | 4 - HIGH AUTOMAT                        |  |   | 10/ \ 11/ \                   | 2             | 10   |  |  |
|                            | 1-YES 2-NO 9-OTHER/UNK  | MUTURUMUUS   | 2 - PARTIAL AUTOMATION                      | 5 - FULL AUTOMAT                        | TION                                   |   | 9 9 3                         | 1.            | 10 2 -   |  |  |
|                            | 1 - NONE  | 6 - BUS - CHARTER/TOUR                             | 11-FIRE                                     | 1/ 5464                                 |  | 41 4111 0180/CB                               |                               | ],            | 9 9 3  |  |  |
| 0 1                        | 2 - TAX!  | 7 - EUS - INTERCITY                                | 12-MILITARY                                 | 16-FARM<br>17-MOWING                    |  | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN     | 7 5                           |               | ス. 出間. ス.  |  |  |
| 0 1                        | 3 - ELECTRONIC RIDE SHARING   |  | 13-POLICE                                   | 18-SNOW REMOVA                          |  | אייטראוט ואבהוט-פי                            |                               |               | 6  |  |  |
| SPECIAL                    | 4 - SCHOOL TRANSPORT  | 9 - BUS - OTHER                                    | 14-PUBLIC UTILITY                           | 19-TOWING                               |  |   | 7 6 5                         |               | 7 6 5  |  |  |
|                            | 5 - BUS - TRANSIT/COMMUTER  | 10-AMBULANCE                                       | 15-CONSTRUCTION EQUIPMENT                   |   | CE PATROL                              |   |                               |               |  |  |  |
|                            | 1 - NO CARGO BODY TYPE  | 3 - VEHICLE TOWING ANOTHER                         | 5 - INTERMODAL CONTAINER                    | B - POLE                                |  | 12 - CONCRETE MIXER                           |                               | 12            | 12 12  |  |  |
| $0_1$                      | / NOT APPLICABLE  | MOTOR VEHICLE                                      | CHASSIS                                     | 9 - CARGO TANK                          |  | 13-AUTOTRANSPORTER                            | 12                            | 1             |  |  |  |
| CARGO<br>BODY              | 2 - BUS   | 4 - LOGGING  | 6 - CARGO VAN/ENCLOSED BOX                  | 10-FLAT BED                             |  | 14-GARBAGE/REFUSE                             | o AA o                        | $\mathcal{T}$ |  |  |  |
| TYPE                       |   |  | 7 - GRAIN/CHIPS/GRAVEL                      | 11-DUMP                                 |  | 99-OTHER/UNKNOWN                              | 9(0)3                         | ³ 💅           | 3 9 1 3 9 👫 3  |  |  |
|                            | 1 - TURN SIGNALS  | 4 - BRAKES   | 7 - WORN OR SLICKTIRES                      | 9 - MOTOR TROUBL                        | E                                      | 99 - OTHER / UNKNOWN                          | 0                             | 7             | 0  |  |  |
| VEHICLE                    | 2 - HEAD LAMPS  | 5 - STEERING                                       | 8 - TRAILER EQUIPMENT                       | 10-DISABLED FROM                        |  | 77-UITER/UNANOWN                              | 6                             | 7             |  |  |  |
|                            | 3 - TAIL LAMPS  | 6 - TIRE BLOWOUT                                   | DEFECTIVE                                   | ACCIDENT                                | ni i nion                              |   |                               | 6             | 6 6  |  |  |
| _                          | 1 - INTERSECTION - MARKED   | 2 INTERPRETATION ATTER                             | C BIOVALE CANE                              |   |  |   | - NO DAMAGE                   | [0]           | UNDERCARRIAGE [ 14]  |  |  |
| 1 1 1                      | CROSSWALK   | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED  | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE | 9 - MEDIAN/CROSSI                       |  | 12 - FIRST RESPONDER<br>AT INCIDENT SCENE     | □ *** ****                    |               | П  |  |  |
| NON-MOTORIST               | 2 - INTERSECTION - UNMARKED   | CROSSWALK  | 8 - SIDEWALK                                | 10 - DRIVEWAY ACC<br>11 - SHARED USE PA |  | 99 - OTHER / UNKNOWN                          | ☐-TOP [13]                    |               | - ALL AREAS [15]   |  |  |
| AT IMPACT                  | CROSSWALK   | 5 -TRAVEL LANE - OTHER LOCATION                    |   | TRAILS                                  |  |   | □aun                          | IT NOT        | AT SCENE [16]  |  |  |
|                            | 1 - NON-CONTACT   | 1 - STRAIGHT AHEAD                                 | 7 - MAKING U-TURN                           | 13-NEGOTIATING A                        | A CURVE                                | 18-APPROACHING                                |                               |               |  |  |  |
| 1                          | 2 - NON-COLLISION   | 2 - BACKING  | 8 - ENTERING TRAFFIC LANE                   | 14-ENTERING OR C                        | CROSSING                               | OR LEAVING VEHICLE                            | 1                             |               | INT OF CONTACT   |  |  |
|                            | 3-STRIKING UII  | 3 - CHANGING LANES                                 | 9 - LEAVING TRAFFIC LANE                    | SPECIFIED LOC                           |  | 19-STANDING                                   | 0 - NO DAMA                   |               | 14 - UNDERCARRIAGE   |  |  |
| ACTION                     | 4 - STRUCK PRE-CRASH  | 4 - DVERTAKING/PASSING                             | 10-PARKED                                   | 15 - WALKING, RUNI<br>JOGGING, PLAY     | THE                                    | 20-OTHER NON-MOTORIST                         | 0 6 1-12 - REFE               |               | NIT 15-VEHICLE NOT AT SCENE                                      |  |  |
|                            | 5 - BOTH STRIKING & STRUCK  | TONS 5 - MAKING RIGHTTURN 11 - SLOWING OR STOPPED  |   | 16 - WORKING                            | 1110                                   | 21 - STANDING OUTSIDE<br>DISABLED VEHICLE     | 13 - TOP                      |               | 99 - UNKNOWN   |  |  |
|                            | 9-OTHER/UNKNOWN   | 6 - MAKING LEFT TURN                               | IN TRAFFIC<br>12-DRIVERLESS                 | 17 - PUSHING VEHIC                      | CLE                                    | 99 - OTHER / UNKNOWN                          |                               |               |  |  |  |
|                            | 1-NONE  | 7-LEFT OF CENTER                                   |   | 17 MCION ODERS                          |  | 45  |                               | TRA           | AFFIC  |  |  |
|                            | 2-FAILURE TO YIELD  | 8-FOLLOWING TOO CLOSE / ACDA                       | DARWED BESTTISM                             | 17 - VISION OBSTRU<br>18 - OPERATING DE |  | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE | TRAFFICWAY FLOW               |               | TRAFFIC CONTROL  |  |  |
| 0 1                        | 3 - RAN RED LIGHT   |  | 14-STOPPED OR PARKED                        | EQUIPMENT                               |  | 23 - OPENING DOOR INTO                        | 1 - ONE-WAY                   |               | 1 - ROUNDABOUT 4 - STOP SIGN                                     |  |  |
| 0,1                        | 4 - RAN STOP SIGN   | 10-IMPROPER PASSING                                | ILLEGALLY                                   | 19-LOAD SHIFTING                        |  | ROADWAY                                       | 2 2 TWO-WAY                   | 6             |  |  |  |
| CONTRIBUTING CIRCUMSTANCES | 5 - UNSAFE SPEED  | 11 - DROVE OFF ROAD                                | 15 - SWERVING TO AVOID<br>16 - WRONG WAY    | SPILLING                                |  | 99-OTHER IMPROPER ACTION                      |                               |               | 3 - FLASHER 6 - NO CONTROL                                       |  |  |
| 7                          | 6 - IMPROPER TURN   | 12-IMPROPER BACKING                                | at mane na                                  | 20 - IN PROPER CRO                      | 1331116                                |   | # OF THROUGH LANES<br>ON ROAD |               | RAIL GRADE CROSSING  |  |  |
| SEQUENCE                   | OF EVENTS   |  |   |   |  |   |                               | 1             | 1 - NOT INVOLVED   |  |  |
|                            | 1 - OVERTURN/ROLLGVER   | 6 - EQUIPMENT FAILURE                              | NON-COLLISION 11-CROSS CENTERLINE —         | 14 DATEMBAYNEES                         | 15                                     | 22 10007 2007 14107544407                     | 4                             | 1             | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING       |  |  |
| 1 2 0                      |   | 7 - SEPARATION OF UNITS                            | OPPOSITE DIRECTION OF                       | 16 - RAILWAY VEHIC<br>17 - ANIMAL — FAR |  | 22 - WORK ZONE MAINTENANCE  <br>EQUIPMENT     |                               |               | 3 - 111 TOC T CO 1 A 3 3 1 T C C C C C C C C C C C C C C C C C C |  |  |
|                            | 3 - IMMERSION   | 8 - RAN OFF ROAD RIGHT                             | TRAVEL                                      | 18-ANIMAL - DEE                         |  | 23 - STRUCK BY FALLING,                       | UNIT / N                      | ON-MOT        | TORIST DIRECTION   |  |  |
| 2                          |   | Q - BAN OFF BOAD I FET                             | 12 - DOWNHILL RUNAWAY                       | 19-ANIMAL - OTH                         |  | SHIFTING CARGO OR<br>Anything set in motion   |                               |               | 1 - NORTH 5 - NORTHEAST  |  |  |
|                            | 5 - CARGO / EQUIPMENT   | IN CORES MEDIAN                                    | 13-OTHER NON-COLLISION<br>14-PEDESTRIAN     | 20 - MOTOR VEHICLE                      | EIN                                    | BY A MOTOR VEHICLE                            | . 1                           | 2             | 2 - SOUTH 6 - NORTHWEST  |  |  |
| 3[]                        | LOSS OR SHIFT   |  | 15-PEDALCYCLE                               | TRANSPORT<br>21 - PARKED MOTOR          | RVEHICLE                               | 24-OTHER MOVABLE OBJECT                       | FROM TO                       |               |  |  |  |
|                            |   |  | WITH FIXED OBJECT                           |   |  |   |                               |               | 4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                    |  |  |
| 4                          | 25 - IMPACT ATTENUATOR<br>/ CRASH CUSHION                           | 31 - GUARDRAIL END                                 | 37 - TRAFFIC SIGN POST                      | 43 - CURB                               |  | 50 - WORK ZONE MAINTENANCE                    |                               | <del></del>   | 7 - UTILAT DINANUWA  |  |  |
|                            | 2/ 551565 6115611615  | 32 - PORTABLE BARRIER                              | 38 - OVERHEAD SIGN POST                     | 44 - DITCH                              |  | EQUIPMENT<br>51 - WALL                        | UNIT SPEED                    |               | DETECTED SPEED   |  |  |
| 5                          | STRUCTURE   | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL | 39-LIGHT/LUMINARIES<br>SUPPORT              | 45 - EMBANKMENT<br>46 - FENCE           |  | 52 - BUILDING                                 |                               |               | 1 - STATED / ESTIMATED SPEED                                     |  |  |
|                            | 27 - BRIDGE PIER OR ABUTMENT  | BARRIER  | 40 - UTILITY POLE                           | 47 - MAILBOX                            |  | 53-TUNNEL                                     | 0 2 0                         |               | 2 - CALCULATED / EDR   |  |  |
|                            | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL                             | 35 - MEDIAN CONCRETE<br>BARRIER                    | 41 - OTHER POST, POLE                       | 48-TREE                                 |  | 54 - OTHER FIXED OBJECT                       | POSTED SPEED                  | $\dashv$      | 3 - UNDETERMINED   |  |  |
| 6-1-1                      | 30 - GUARDRAIL FACE   |  | OR SUPPORT 42-CULVERT                       | 49-FIRE HYDRANT                         |  | 99 - OTHER / UNKNOWN                          | , JOIEU SPEEU                 |               | - State at Section 1976  |  |  |
| 1 1                        | FIRST HARMEIII EVEN   | 1  | ADMENI EVENT                                |   |  |   | 2 5                           |               |  |  |  |

| OHIO DEP                                | PARTMENT M   | OTORIST / No   | N-M                             | Into                      | ) I C              | т .                                  |                          |  |                                   |                           | LOCAL REF                         | PORT NU             | MBER                                   |                           |  |
|---|--|--|---------------------------------|---------------------------|--------------------|--------------------------------------|--------------------------|--|-----------------------------------|---------------------------|-----------------------------------|---------------------|--|---------------------------|--|
|   | IVI  | 01001317140  | 714 141                         | IUIUI                     | (13                | ·                                    |                          |  | 2.0                               | 2 1                       | - 10 10                           | 0_0_1               | 1,6,8,                                 | 0.1                       |  |
| UNIT#                                   | NAME: LAST, F  |  |                                 |                           |                    |                                      |                          |  |                                   |                           | OF BIRTH                          |                     | AGE                                    | GENDER                    |  |
|   | MORRISON, HAYDEN 5: STREET, CITY, STATE, ZIP               |  |                                 |                           |                    |                                      |                          |  | 0 1 / 1 3 / 2 0 0 2 1 9 M         |                           |                                   |                     |  |                           |  |
| 211 EI                                  | DWIN A   | VE SE ,MASSIL  | LON ,                           | OH 440                    | 646                |                                      |                          |  | CONTACT                           | PHONE -                   | INCLUDE AREA C                    | CODE                |  | i                         |  |
| INJURIES 5                              | TAKEN  | EMS AGENCY (NAME)                                      |                                 | INJUREDTA                 | KEN TO:            | : MEDICAL FACILITY                   | (NAME, CITY)             | SAFETY EQUIPMENT                           | DOT-C                             | OMPLIANT                  | EATING POSITIO                    | N AIR BAG           | USAGE EJECTIO                          | N TRAPPED                 |  |
| `                                       | OPERATOR LICENSE NUMBER OFFENSE CHAR                       |  |                                 |                           |                    |                                      | 0,4                      | Шмс н                                      | LMET                              | 0 1                       | 1                                 | 1                   | 11                                     |                           |  |
| OL STATE                                | UPERATUR L   | DORSEMENT RESTRICTION SELECTUPTOS DRIVER               |                                 |                           |                    |                                      | CODE                     | OFFENSE DESC                               |                                   | ):-4                      |                                   |                     | TION NUMBER                            |                           |  |
|   | ENDORSEMENT  |  |                                 |                           |                    | OHOL / DRUG SUSPI                    | X                        | Assured                                    |                                   | COHOL TI                  |                                   | 231                 | DRUG TEST                              | (5)                       |  |
| or seves                                | SELECT UP TO 2   |  |                                 | TRACTED .                 | _                  | LCOHOL MAI                           |                          | CONDITION                                  | STATUS                            |                           |                                   | STATUS              |  | JLT SELECT UP TO 4        |  |
| 4                                       | سالب   |  |                                 | 1                         | 01                 | THER DRUG                            |                          | 1  | 1                                 | 1.                        |                                   | 1                   | _1                                     |                           |  |
| UNIT #                                  | NAME: LAST, F  | ,  |                                 |                           |                    |                                      | _                        |  |                                   | DATE                      | OF BIRTH                          |                     | AGE                                    | GENDER                    |  |
| 0,2                                     | <u> </u>   | NTON, GABRIE   | L                               |                           |                    |                                      |                          |  | 0 3                               | / <b>0</b> <sub>1</sub> 1 | 1,/,2                             | 00                  | 0 2 1                                  |                           |  |
| ADDRESS:                                | STREET, CITY, ST.  | ·  | OII 4                           | 43.40                     |                    |                                      |                          |  | CONTACT                           | PHONE -                   | INCLUDE AREA O                    | ODE                 |  |                           |  |
| S INJURIES                              |  | EY BLVD ,Kent  | ,UH 4                           |                           | WEN 70             | MEDICAL PACTI TY                     |                          | ALCOVE PAULENCE                            | -                                 |                           |                                   |                     |  |                           |  |
| 301 M INJURIES  5                       | TAKEN BY   | EMS AGENCY (NAME)                                      |                                 | INJUREDIA                 | KEN IU:            | : MEDICAL FACILITY                   | (NAME, CITY)             | SAFETY EQUIPMENT USED 0 4                  | DOT-C                             | OMPLIANT                  | O 1                               | N AIR BAG           | USAGE EJECTIO                          | ON TRAPPED                |  |
| OL STATE                                | OPERATOR L   | DR LICENSE NUMBER                                      |                                 |                           | CHAR               | RGED                                 | LOCAL<br>CODE            | OFFENSE DESC                               | RIPTION                           | '-                        |                                   | CITAT               | TON NUMBER                             |                           |  |
| OL CLASS                                | ENDORSEMENT<br>SELECT UP TO 2                              | RESTRICTION SELECT                                     |                                 | VER<br>TRACTED            |                    | OHOL / DRUG SUSPI                    | ECTED                    | CONDITION                                  | AL<br>STATUS 1                    | COHOL TE                  |                                   | STATUS              | DRUG TEST                              | (S)<br>JLT select up to 4 |  |
| 4                                       |  | 1  | ALCOHOL MARWUANA  OTHER DRUG  1 |                           |                    |                                      |                          |  |                                   |                           |                                   |                     |  |                           |  |
| UNIT#                                   | NAME: LAST, F  | FIRST, MIDDLE  | •                               |                           |                    |                                      |                          |  |                                   | DATE                      | OF BIRTH                          |                     | AGE                                    | GENDER                    |  |
|   |  |  |                                 |                           |                    |                                      |                          |  | LL_                               | 1 .                       | 1/1                               |                     | _                                      |                           |  |
| ADDRESS:                                | DRESS: STREET, CITY, STATE, ZIP                            |  |                                 |                           |                    |                                      |                          |  | CONTACT PHONE - INCLUDE AREA CODE |                           |                                   |                     |  |                           |  |
| 0 |  |  |                                 |                           |                    |                                      |                          |  |                                   |                           |                                   |                     | 11                                     |                           |  |
| ADDRESS:                                | INJURED   EMS AGENCY (NAME)   INJURED TAKEN TO: TAKEN   BY |  |                                 |                           | : MEDICAL FACILITY | (NAME, CITY)                         | SAFETY EQUIPMENT<br>USED | DOT-C                                      | DMPLIANT                          | EATING POSITIO            | N AIR BAG                         | USAGE EJECTIO       | ON TRAPPED                             |                           |  |
| OL STATE                                | OPERATOR L   | ICENSE NUMBER  |                                 | OFFENSE                   | CHAR               | RGED                                 | LOCAL OFFENSE DESC       |  | RIPTION                           |                           |                                   | CITAT               | CITATION NUMBER                        |                           |  |
| OL CLASS                                | ENDORSEMENT<br>SELECT UP TO 2                              | RESTRICTION SELECT                                     |                                 |                           |                    |                                      |                          | CONDITION                                  |                                   | ALCOHOL TEST              |                                   |                     | DRUG TEST(S)                           |                           |  |
|   | 32220107102  |  | BA                              | TRACTED                   |                    | 12.7                                 | RLJUANA                  |  | STATUS                            | TPE                       | VALUE                             | STATUS              | TYPE RESU                              | ILT SELECT UP TO 4        |  |
| INIII                                   | RIES   | SEATING POSITION                                       |                                 | IR BAG                    | 10                 | THER DRUG<br>OL CLASS                |                          | DI DESTRIC                                 | L L                               | DDIVE                     | R DISTRAC                         | TION                |  |                           |  |
| 1-FATAL                                 |  | 1 - FRONT - LEFT SIDE                                  | 1 - NOT DEP                     | Water Street, Street, St. |                    | 1 - CLASS A                          |                          | OL RESTRIC                                 | wint francisco de la comp         | April 2019 April 2019     | ISTRACTED                         | A CONTRACTOR OF THE | 1-NONE GIVEN                           | IATUS                     |  |
| 2 - SUSPECTED                           | SERIOUS INJURY   | (MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE                 | 2 - DEPLOYE<br>3 - DEPLOYE      |                           |                    | 2 - CLASS B<br>3 - CLASS C           |                          | 2 - COL INTRASTAT                          |                                   |                           | ALLY OPERATING                    |                     | 2 - TEST REFUSED                       |                           |  |
| 4 - POSSIBLE IN                         |  | 3 - FRONT - RIGHT SIDE                                 |                                 | ED BOTH FRONT             | /SIDE              | 4 - REGULAR CLASS                    |                          | 3 - CORRECTIVE LE<br>4 - FARM WAIVER       | N2E2                              |                           | E (TEXTING, TYP                   |                     | 3 - TEST GIVEN, C<br>SAMPLE / UNU      |                           |  |
| 5 - NO APPAREN                          | T INJURY   | 4 - SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER)       | 5 - NOT APP                     |                           |                    | (OHIO = D)<br>5 - M/C MOPED ONLY     |                          | 5 - EXCEPT CLASS                           |                                   | 3-TALKI                   | NG ON HANDS-FF                    |                     | 4 - TEST GIVEN, R<br>5 - TEST GIVEN, R |                           |  |
| INJURED                                 |  | 5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE         | 4- DEPLOY!                      | MENT UNKNOW               | N                  | 6 - NO VALID OL                      |                          | 6 - EXCEPT CLASS<br>& CLASS B BUS          |                                   |                           | IUNICATION DEVI<br>NG ON HAND-HEI |                     | UNKNOWN                                | C30E13                    |  |
| 1 - NOT TRANSPI<br>/TREATED AT          |  | 7 - THIRD - LEFT SIDE                                  | EJ                              | ECTION                    | Lold S             | OL ENDORSE                           | MENT                     | 7 - EXCEPT TRACTO<br>8 - INTERMEDIATE      |                                   |                           | IUNICATION DEVI<br>Ractivity with | AN                  | ALCOHOL T                              | EST TYPE                  |  |
| 2 - EMS                                 |  | (MOTORCYCLE SIDE CAR)  B - THIRD - MIDDLE              | 1 - NOT EJE                     |                           |                    | H - HAZMAT                           |                          | RESTRICTIONS                               |                                   | ELECT                     | FRONIC DEVICE                     |                     | 1 - NONE<br>2 - BLOOD                  |                           |  |
| 3 - POLICE<br>9 - OTHER/UNK             | NOWN   | 9-THIRD - RIGHT SIDE                                   | 2 - PARTIAL<br>3 - TOTALLY      |                           |                    | M - MOTORCYCLE P - PASSENGER         |                          | 9 - LEARNER'S PER<br>RESTRICTIONS          | MIT                               | 6 - PASSE<br>7 - OTHER    | R DISTRACTION                     |                     | 3 - URINE                              |                           |  |
| SAFFTY FO                               | QUIPMENT   | 10 - SLEEPER SECTION OF TRUCK CAB                      | 4 - NOT APP                     | LICABLE                   |                    | N - TANKER                           |                          | 10 - LIMITED TO DAY<br>11 - LIMITED TO EMI |                                   |                           | E THE VEHICLE<br>R distraction o  |                     | 4 - BREATH<br>5 - OTHER                |                           |  |
| 1 - NONE USED                           |  | 11 - PASSENGER IN OTHER<br>ENCLOSED CARGO AREA         | TF                              | RAPPED                    |                    | Q - MOTOR SCOOTER R - THREE-WHEEL MO | TORCYCLE                 | 12 - LIMITED - OTHE                        | to Grand Co.                      | THE V                     | EHICLE                            |                     |  | TTVDE                     |  |
| 2 - SHOULDER B<br>3 - LAP BELT ON       |  | (NON-TRAILING UNIT, BUS,<br>PICK UP WITH CAP)          | 1 - NOTTRAI<br>2 - EXTRICA      |                           |                    | S - SCHOOL BUS                       |                          | 13 - MECHANICAL DI<br>(SPECIAL BRAK        |                                   |                           | R/UNKNOWN                         |                     | DRUG TES                               |                           |  |
| 4 - SHOULDER &                          | LAP BELT USED  | 12 - PASSENGER IN UNENCLOSED<br>CARGO AREA             | MECHAN                          | ICAL MEANS                |                    | T DOUBLE & TRIPLE X-TANKER/HAZMAT    | TRAILERS                 | CONTROLS, OR O                             | THER                              | 17                        | CONDITION RENTLY NORMAL           |                     | 2 - BL00D                              |                           |  |
| 5 - CHILD RESTE<br>FORWARD FA           |  | 13-TRAILING UNIT                                       | 3 - FREED B                     | Y<br>Chanical Mea         | NS                 |                                      |                          | 14 - MILITARY VEHIC                        | CLES ONLY                         | Managaran (Managaran)     | CAL IMPAIRMEN                     |                     | 3 - URINE<br>4 - OTHER                 |                           |  |
| 6 - CHILD RESTR                         | RAINT SYSTEM -   | 14 - RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT) |                                 |                           |                    | GENDER<br>F-FEMALE                   |                          | 15 - MOTOR VEHICLE<br>AIR BRAKES           | TUOHTIW 2                         |                           | IONAL (E.G., DEPRE<br>Disturbed)  |                     | DRUG TEST I                            | RESULT(S)                 |  |
| 7 - BOOSTER SE                          |  | 15 - NON-MOTORIST                                      |                                 |                           |                    | M - MALE                             |                          | 16 - OUTSIDE MIRRO                         |                                   | 4-ILLNES                  |                                   |                     | 1 - AMPHETAMINI                        | ES                        |  |
| 8 - HELMET USI<br>9 - PROTECTIVE        |  | 99 - OTHER / UNKNOWN                                   |                                 |                           |                    | U - OTHER / UNKNOWN                  |                          | 17 - PRUSTHETIC ALL                        |                                   | FATIGL                    | ISLEEP, FAINTED<br>Jed, etc.      |                     | 2 - BARBITURATE<br>3 - BENZODIAZEP     |                           |  |
| (ELBOW, KNE                             | ES, ETC.)  |  |                                 |                           |                    |                                      |                          |  |                                   | OF MEI                    | THE INFLUENCE<br>DICATIONS / DRU  | E                   | 4 - CANNABINOID                        |                           |  |
| 10 - REFLECTIVE<br>11 - LIGHTING - F    |  |  |                                 |                           |                    |                                      |                          |  |                                   | 7ALCOI                    | HOL<br>/ UNKNOWN                  |                     | 5 - COCAINE<br>6 - OPIATES / OPIO      | 2010                      |  |
| / BICYCLE ON                            | VLY  |  |                                 |                           |                    |                                      |                          |  |                                   | ,- VIALK                  | TOTAL TO THE                      |                     | 7-OTHER                                |                           |  |
| 99 - OTHER / UNK                        | NOWN   |  |                                 |                           |                    |                                      |                          |  |                                   |                           |                                   |                     | 8 - NEGATIVE RES                       | SULTS                     |  |

| OCCUPANT / WITNESS ADDENDUM |                                 |  |                    |  |  |   |                          |                                      | LOCAL REPORT NUMBER  2 0 2 1 - 0 0 0 1 6 8 0 1 |                |             |         |  |  |  |
|-----------------------------|---------------------------------|--|--------------------|--|--|---|--------------------------|--------------------------------------|--|----------------|-------------|---------|--|--|--|
|                             |                                 |  |                    |  |  |   |                          | 2 0 2 1                              | 0 _0   | 0,1,6          | 8 0         | _1      |  |  |  |
|                             | UNIT#                           |  | T, FIRST, MIDDLE   |  |  |   |                          | DATE OF BIRTH AGE GENDER             |  |                |             |         |  |  |  |
| F                           | 01                              | STREET, CITY.  | IAK, BROCK         | 0 2 1 7 7 2 0 0 3 1 8 M  CONTACT PHONE - INCLUDE AREA CODE |  |   |                          |                                      |  |                |             |         |  |  |  |
| OCCUPAN                     |                                 |  | R ST ,MASSIL       | CONTACT PHONE  | - INCLUDE AREA CO  | DE  |                          |                                      |  |                |             |         |  |  |  |
| 000                         |                                 | INJURED  | EMS Agency (NAME)  | LUN, OH  | INJURED TAKEN TO: MEDICAL FACI   | HATE (HALLE STEW)                         | SAFETY EQUIPMENT         | t                                    | SEATING POSITION                               | 1 10 000 10407 | l e reasion | 1====== |  |  |  |
|                             | , 5                             | TAKEN<br>BY  |                    |  | MOUNTED PARTY TO: INEGICAL PACIT   | LITT CHARME, CITY                         | USED 0.4                 | DOT-COMPLIANT                        | . 0 . 3 .                                      | 1 1            | 1           | TRAPPED |  |  |  |
| -                           | UNIT#                           | NAME: LAS  | T, FIRST, MIDDLE   |  |  |   | [0]4]                    |                                      | E OF BIRTH                                     |                |             | CEMBER  |  |  |  |
|                             | 01                              | Activities of the Control of the Con | SEY, JENNA         |  |  |   |                          |                                      | 7, / ,2 0                                      | 0 2            | AGE 1 9     | GENDER  |  |  |  |
| ۲NΑ                         |                                 | STREET, CITY,  |                    |  |  |   |                          | CONTACT PHONE                        |  |                |             |         |  |  |  |
| OCCUPAN                     | 971 H                           | <b>IGHL</b> A  | NDER ST NV         | V ,MASSII  | LON ,OH 44230  |   |                          |                                      |  |                |             |         |  |  |  |
| ٥                           | INJURIES                        | INJURED<br>TAKEN   | EMS Agency (NAME)  |  | INJURED TAKEN TO: MEDICAL FACIL  | LITY (NAME, CITY)                         | SAFETY EQUIPMENT         | DOT-COMPLIANT                        | SEATING POSITION                               | AIR BAG USAGE  | EJECTION    | TRAPPED |  |  |  |
|                             | 5                               | ВҮ   |                    |  |  |   | 0,4                      | MC HELMET                            | 0,6  | 1 1            | _1_         | 1_      |  |  |  |
|                             | UNIT#                           | NAME: LAS  | T, FIRST, MIDDLE   |  |  |   |                          | DAT                                  | E OF BIRTH                                     |                | AGE         | GENDER  |  |  |  |
| <u>L</u>                    |                                 |  |                    |  |  |   |                          |                                      |  |                |             |         |  |  |  |
| CCUPAN                      | ADDRESS:                        | STREET, CITY,  | STATE, ZIP         |  |  |   |                          | CONTACT PHONE                        | • INCLUDE AREA CO                              | DE             |             |         |  |  |  |
| 000                         | INJURIES                        | INJURED  | EMS Agency (NAME)  |  | INJURED TAKEN TO: MEDICAL FACIL  | · · · · · · · · · · · · · · · · · · ·     | SAFETY EQUIPMENT         |                                      |  |                | I =         |         |  |  |  |
|                             |                                 | TAKEN<br>BY  | EMO AGENCI (MAINE) |  | INJURED TAKEN TO: MEDICAL PACIL  | LITY (NAME, CITY)                         | USED                     | DOT-COMPLIANT<br>MC HELMET           | SEATING POSITION                               | AIR BAG USAGE  | EJECTION    | TRAPPED |  |  |  |
| 2                           | UNIT #                          | NAME: LAS  | T, FIRST, MIDDLE   |  |  |   |                          |                                      | E OF BIRTU                                     | <u> </u>       | 405         | OFWEED. |  |  |  |
|                             |                                 |  | ,, mor, model      |  |  |   |                          | / /                                  | E OF BIRTH<br>/                                |                | AGE         | GENDER  |  |  |  |
| ANT                         | ADDRESS:                        | STREET, CITY,  | STATE, ZIP         |  | •  |   |                          | CONTACT PHONE - INCLUDE AREA CODE    |  |                |             |         |  |  |  |
| CCUPAN                      |                                 |  |                    |  |  |   |                          |                                      |  |                |             |         |  |  |  |
| Ō                           | INJURIES                        | INJURED TAKEN  | EMS AGENCY (NAME)  |  | INJURED TAKEN TO: MEDICAL FACIL  | LITY (NAME, CITY)                         | SAFETY EQUIPMENT<br>USED | DOT-COMPLIANT                        | SEATING POSITION                               | AIR BAG USAGE  | EJECTION    | TRAPPED |  |  |  |
|                             | ــــــــــا                     | ВУ   |                    |  |  |   | 0358                     | MC HELMET                            |  |                |             |         |  |  |  |
| ı                           | 1 CATA                          |  | IRIES              |  | EQUIPMENT USED   |   | SEATING POS              | ITION                                | Tallia Antina Santa                            | AIR BAG U      | SAGE        |         |  |  |  |
|                             | 1 - FATA                        |  | RIOUS INJURY       | 1 - NONE US  | ED -<br>OCCUPANT   | 1 - FRONT – LEFT SIDE<br>(MOTORCYCLE DRIV |                          |                                      | 1 - NOT DEPLOYED  ER)                          |                |             |         |  |  |  |
|                             |                                 |  | NOR INJURY         | 2 - SHOULDE  | OULDER BELT ONLY USED 2 - FRONT - MIDDLE   |   |                          | 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE |  |                |             |         |  |  |  |
|                             | 4 - POSS                        | IBLE INJU  | RY                 | 3 - LAP BELT   | 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 5 - SECOND – RIGHT SID 6 - SECOND – MIDDLE 6 - SECOND – RIGHT SI |   |                          |                                      |  |                |             |         |  |  |  |
|                             | 5 - NO A                        | PPARENT I  | NJURY              |  |  |   |                          |                                      | FRONT/SIDE                                     |                |             |         |  |  |  |
|                             |                                 | INJURED  | TAKEN BY           |  |  |   |                          |                                      | 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN      |                |             |         |  |  |  |
|                             |                                 | TRANSPOR   |                    |  | STRAINT SYSTEM -   | -LEFT SIDE                                | CAD                      |                                      |  |                |             |         |  |  |  |
|                             | 9 - OTHER / UNKNOWN 9 - PROTECT |  |                    |  |  |   | - MIDDLE                 | CARI                                 | 1 NOTEL  | EJECTIO        | ) N         |         |  |  |  |
|                             |                                 |  |                    | 8 - HELMET   |  |   | - RIGHT SIDE             | E TRUCK OAR                          | 1 - NOT EJECTED  2 - PARTIALLY EJECTED         |                |             |         |  |  |  |
|                             |                                 |  |                    | IVE PADS USED  |  | PER SECTION O<br>Enger in othe            |                          | 3 - TOTALLY EJECTED                  |  |                |             |         |  |  |  |
|                             | GENDER BANGSTONES               |  |                    |  | (NEES, ETC.)<br>IVE CLOTHING   |   | O AREA (NON-TR           |                                      | 4 - NOT AP                                     |                |             |         |  |  |  |
|                             | F-FEMA                          |  |                    |  | - PEDESTRIAN   | 12 - PASSI                                | ENGER IN UNE             |                                      |  | TRAPPE         | D           |         |  |  |  |
|                             | M - MALE<br>U - OTHE            | :<br>R / UNKNOV  | WN                 | / BICYCLE  |  | 13 - TRAIL                                | O AREA<br>.ING UNIT      |                                      | 1 - NOTTRAPPED                                 |                |             |         |  |  |  |
|                             |                                 |  |                    | 99 - OTHER / L   | INKNOWN  |   | G ON VEHICLE             | EXTERIOR                             | 2 - EXTRIC<br>MEANS                            | ATED BY MI     | ECHANIC     | CAL     |  |  |  |
|                             |                                 |  |                    |  |  | 15 - NON-N                                | RAILING UNIT) MOTORIST   |                                      |  | BY NON-ME      | CHANICA     | AL.     |  |  |  |
|                             |                                 |  |                    |  |  | 99 - OTHE                                 | R/UNKNOWN                |                                      | MEANS  |                |             |         |  |  |  |
| 55                          | NAME: LAS                       | T, FIRST, MIDDI  | LE                 |  |  |   |                          | DATI                                 | OF BIRTH                                       |                | AGE         | GENDER  |  |  |  |
| WITNESS                     | ADDRESS:                        | STREET, CITY,  | STATE 7IP          |  |  | <del>.</del>                              |                          | CONTACT DUONE                        |  |                |             |         |  |  |  |
| ×                           |                                 |  | 707                |  |  |   |                          | CONTACT PHONE                        | - INCLUDE AREA COL                             | AL .           |             |         |  |  |  |
|                             | NAME: LAS                       | T, FIRST, MIDDI  | l.E                |  | <del></del>  |   |                          | DATI                                 | OF BIRTH                                       |                | AGE         | GENDER  |  |  |  |
| NESS                        |                                 |  |                    |  |  |   |                          |                                      | 1/   |                | 1 1         |         |  |  |  |
|                             |                                 | OTRECT OUT   | STATE 710          |  |  |   |                          | CONTACT PHONE                        | - INCLUDE AREA COL                             | W.             |             |         |  |  |  |
| WITI                        | ADDRESS:                        | STREET, CITY,  | STATE, ZEF         |  |  |   |                          |                                      |  | ir.            |             |         |  |  |  |
| W                           |                                 |  | 12).               |  |  |   |                          |                                      |  |                |             |         |  |  |  |
|                             |                                 | T, FIRST, MIDDI  | 12).               |  |  |   |                          |                                      | E OF BIRTH                                     |                | AGE         | GENDER  |  |  |  |
| WITNESS WI                  | NAME: LAS                       |  | LE                 |  |  |   |                          |                                      | E OF BIRTH                                     |                | AGE         | GENDER  |  |  |  |