OFFICE CRASH R	LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3		2   0   2   2   -   0   0	0_0_1_9_3_6				
X OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP NUMBER OF U	00 41111111			
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police		1 - SOLVED 2 - UNSOLVED 0 2				
1 - CITY	VILLAGE, TOWNSHIP*		CRASH DATE / TIME*	CRASH SEVERITY			
6 7 2 -VILLAGE Kent			[0,2,0,9,2,0,2,2,1,1,7,3,2]	2 - SERIOUS INJURY			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH	OCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX N-NORTH S-SOUTH S-SOUTH S-SOUTH W-WEST W-WEST ]	MAIN	$S \perp T$	411 <sub>0</sub> 153831	3 - MINOR INJURY SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH	REFERENCE ROAD NAME (ROAD, MILEPOST,	HOUSE #) ROAD TYPE	LONGITUDE DECIMAL DEGREES	4 - INJURY POSSIBLE			
	1434		8 <sub>1</sub> 1 <sub>10</sub> _3 <sub>1</sub> 3 <sub>1</sub> 7 <sub>1</sub> 2 <sub>1</sub> 9 <sub>1</sub> 3 <sub>1</sub>	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE	INTERSECTIO	N RELATED			
1-INTERSECTION N-NORTH IR -1	NTERSTATE ROUTE(TP) AL - ALLEY EDERAL US ROUTE AV - AVENUE	HW-HIGHWAY RD - ROAD LA - LANE SQ - SQUARE	WITHIN INTERSECTION OR C	ON APPROACH			
	STATE ROUTE BL - BOULEVAR	D MP-MILEPOST ST - STREET	WITHIN INTERCHANGE ARE	A NUMBER OF APPROACHES			
The state of the s	NUMBERED COUNTY ROUTE CR - CIRCLE	OV - OVAL TE - TERRACE PK - PARKWAY TL - TRAIL	ROAD	WAY			
1-MILES TR-	NUMBERED TOWNSHIP DR - DRIVE	PI - PIKE WA - WAY	ROADWAY DIVIDED				
3-YARDS	HE - HEIGHTS	PL - PLACE	L KOADMAT STUBES				
LOCATION OF FIRST HARMFUL EVENT		ASH COLLISION/IMPACT 4 - REAR-TO-REAR	DIRECTION OF TRAVEL	MEDIAN TYPE			
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY/	DETWEEN	5 - BACKING	N - NORTH 1 -	- DIVIDED FLUSH MEDIAN ( <4 FEET )			
3-IN MEDIAN 11-RAILWAY GF 4-ON ROADSIDE 12-SHARED US	VEHICLES IN	6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION	E - EAST 2-	- DIVIDED FLUSH MEDIAN (≥4 FEET)			
5 - ON GORE TRAILS	2 - REAR-END	8 - SIDESWIPE, OPPOSITE DIRECTION	and the second s	- DIVIDED, DEPRESSED MEDIAN			
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOTH	3 - HEAD-0N	9 - OTHER / UNKNOWN	4.	- DIVIDED, RAISED MEDIAN (ANY TYPE)			
8-OFF RAMP 99-OTHER/UN	KNOWN		9.	- OTHER/UNKNOWN			
WORK ZONE RELATED	WORK ZONE TYPE LOCA	TION OF CRASH IN WORK ZONE	CONTOUR CONDIT	TIONS SURFACE			
	ANE CLOSURE  ANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	_21				
3-1	VORK ON SHOULDER	2 - ADVANCE WARNING AREA 3 - TRANSITION AREA	1 - STRAIGHT LEVEL 1 - DRY	1 - CONCRETE			
	OR MEDIAN NTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA	2 - STRAIGHT GRADE 2 - WET	2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOOL ZONE 5-	OTHER	5 - TERMINATION AREA	3 - CURVE LEVEL 3 - SNOW 4 - CURVE GRADE 4 - ICE	ASPHALT 3 - BRICK/BLOCK			
LIGHT CONDITION	WEATHER		9 - OTHER/UNKNOWN 5 - SAND, MU	JD, DIRT, 4 - SLAG GRAVEL			
1 - DAYLIGHT  1 2 - DAWN/DUSK	1 - CLEAR 6 - SNOW 2 - CLOUDY 7 - SEVE	re crosswinds	OIL, GRAV 6 - WATER (S	STANDING			
3 - DARK - LIGHTED ROADWAY	3-FOG, SMOG, SMOKE 8-BLOW	ING SAND, SOIL, DIRT, SNOW	MOVING)				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	The contraction and the contraction of the contract	ZING RAIN OR FREEZING DRIZZLE ER / UNKNOWN	7 - SLUSH 9 - OTHER/UI	A10 MARCHAN (10 W			
9 - OTHER / UNKNOWN	30 200 00 00 00 00 00 00 00 00 00 00 00 0	Reporter Section Annual Maries	7-0111EN/01	NKNOWN			
NARRATIVE				Indicate the north direction with			
UNIT 1 AND 2 WERE TRAVE	LING IN THE CURB			an "N" on the compass diagram.			
				y compass magram.			
LANE W/B IN FRONT OF 1		and the second s	Not To Scal	le (FZ			
UNIT 1 STOPPED FOR TRA	AFFIC. UNIT 2						
FAILED TO STOP FOR TRA	AFFIC AND REAR	E. MAI	NST				
ENDED UNIT 1.			-	— <del></del>			
			— Unit 1 Unit 2 —	<u> </u>			
		D.C.		ŶC			
			<u></u>				
				PUS BP E. MAIN			
				ST.			
CDACH DEDOTED DATE (TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY			
				POLICE AGENCY			
TOTAL TIME OTHER TOTAL			0 2 0 9 2 0 2 1 1 8 1 FICER'S NAME*	MOTORIST			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU		Wheeler	SUPPLEMENT				
	OFFICER'S BADGE NUM	BER* CHECKE	ED BY OFFICER'S BADGE NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPE			
0,4,6,0,5,0,1,1	$0 \mid 2 \mid 2 \mid 1$		4   3				

LOCAL REPORT NUMBER

12 + 0 + 2 + 2 + 2 + - + 0 + 0 + 0 + 0 + 1 + 9 + 3 + 6 +

UNIT#	OWNER NAME: LAST, FIRST,	MIDDLE ( SAME AS DRIVER)		OWNER	PHONE: INCLU	DE AREA CODE ( SAME AS DRIVER)	DAMAGE				
0 1 1	1 ZEIGLER, ANGEL, MARIE					[	DAMAGE SCALE				
OWNER AD	DRESS: STREET, CITY, STATE, 2	IP ( SAME AS DRIVER)		^			3 - NONE 3 - FUNCTIONAL DAMAGE				
	IRMARY RD ,Raven						2 WINDIN DAMAGE 4 DISABEING DAMAGE				
COMMERC	IAL CARRIER: NAME, ADDRE	SS, CITY, STATE, ZIP		Соммі	RCIAL CARRIER I	PHONE; INCLUDE AREA CODE	9 - UNKNOWN				
							DAMAGED AREA(S) INDICATE ALL THAT APPLY				
I .	LICENSE PLATE #		IDENTIFICATION #	1 -	EHICLE YEA		INDIO	ALE ALE IIIAI AFFEI			
$O \mid H$	JKH9895		$(G_19_1J_1G_12_10_13_13_1)$	3   2   7   2   0   1   8   Dodge			12 1 12 1				
INSURAI VERIFII	INSURANCE COMPA		ISURANCE POLICY #		COLOR	VEHICLE MODEL	12	12			
△ VERIFII	ED GEICO	60	086528285	Į J	BLU	RAM 1500	10 11 2	10 11 1 2			
,	TYPE OF USE	- IN ENERGENCY	US DOT #	TOWED	BY: COMPANY	NAME	10 2	10. 2			
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		·	HATADDO	IC MATERIAL	9 9 3	3 9 9 3			
INTERI	ocv	#OCCUPANTS VEI	HICLE WEIGHT GVWR/GCWR	I M		US MATERIAL LASS # PLACARD ID #	3 4				
l I DEVICE	E     HIT/SKIP UNIT		1 - ≤10K LBS. 2 - 10,001 - 26K LBS.		ELEASED	ALTON IN ALTON IN STATE OF		8 \   -   -   -   -   -   -   -   -			
EQUIPI	PED —		3 - >26K LBS.	<u></u>	_ACARD _		7 6	12 7 6			
	1 - PASSENGER CAR	- MOTORCYCLE 2-WHEELED	12-GOLF CART I	18 - LIMO (LIVE	RY VEHICLE)	23 - PEDESTRIAN / SKATER		12			
.0.4.	2 - PASSENGER VAN (MINIVAN)	3 - MOTORCYCLE 3-WHEELED		19 - BUS (16+ P.		24-WHEELCHAIR (ANY TYPE)	10/	1 2			
0 4	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		20-OTHER VEH		25 - OTHER NON-MOTORIST		10 2 -			
UNIT TYPE		LO-MOPED OR MOTORIZED Bicycle		21 - HEAVY EQL		26-BICYCLE	9	9 3			
•	5 - CARGO VAN	11 - ALL TERRAIN VEHICLE	•	W JAMINA - 25 10-14 MINA	TH RIDER OR Rawn vehicle	27 - TRAIN					
	0 - VAN (7-13 SCA13)	(ATV/UTV)	17 - MOTORHOME	KILLINA DI	WITH TEMPER	99 - UNKNOWN OR HIT/SKIP	8 🗸				
<u> </u>	# OF TRAILING UNITS						12 1	7 6 11 12 1			
	WAS VEHICLE OPERATING IN AUT	ONOMOUS	0 - NO AUTOMATION	3 - CONDITION	AL AUTOMATION	9 - UNKNOWN	12	12			
1 _	MODE WHEN CRASH OCCURRED?	n		4 - HIGH AUTO			10/ 11/2	10 1 1 2			
2	1-YES 2-NO 9-OTHER/UNKN	OWN AUTONOMOUS		5 - FULL AUTO			10 2 -	10 7 2 -			
	·	MODE LEVEL					9 9 3	9 9 3 3			
		6 - BUS - CHARTER/TOUR		16-FARM		21 - MAIL CARRIER	1 1 7	8 7 7 7			
$\lfloor 0 \rfloor 1$		7 - BUS - INTERCITY		17 - MOWING		99-OTHER/UNKNOWN					
SPECIAL	3 - ELECTRONIC RIDE SHARING						7 6	7 5			
FUNCTION	•	9 - BUS - OTHER		19-TOWING			0	•			
	5 - BUS -TRANSIT/COMMUTER	10 - AMBULANCE	15-CONSTRUCTION EQUIPMENT	20-SAFETY SERVICE PATROL			ļ	12 12 12			
				8 - POLE		12-CONCRETE MIXER	12				
CARGO	/ NOT APPLICABLE	MOTOR VEHICLE		9 - CARGOTANK 10 - FLAT BED		13 - AUTO TRANSPORTER	R A				
BODY	2 - BUS	4 - LOGGING	7 0017110000001001001			14-GARBAGE/REFUSE	·	3 9 1 3 9 8 3			
TYPE			/ - GRAIN/ONIPS/GRAVEL	11-DUMP		99-OTHER/UNKNOWN					
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE		99-OTHER/UNKNOWN	6				
VEHICLE	2 - HEAD LAMPS	5 - STEERING		10-DISABLED	FROM PRIOR			6 6 6			
DEFECTS		6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT				son Clupperaappyage saan			
	1 INTERSECTION MARKED	2 INTERCOTION ATHER	6 - BICYCLE LANE	O MEDIANIADADANIA INI NIN 10 CINCT DEPONDED			☐ - NO DAMAGE	[0] - UNDERCARRIAGE [14]			
1 1 1	400001111111	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED		9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS		12-FIRST RESPONDER AT INCIDENT SCENE	☐-TOP [ 13 ]	- ALL AREAS [15]			
NON-MOTORIS	T 2 - INTERSECTION - UNMARKED	CROSSWALK	a w		SE PATHS OR	99-OTHER/UNKNOWN		Residu 17 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
LOCATION AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATIO		TRAILS			□-UN	IT NOT AT SCENE [16]			
AT LIMITAU		1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIAT	ING A CURVE	18-APPROACHING					
	2 - NON-COLLISION	2 - BACKING			OR CROSSING	OR LEAVING VEHICLE	INITIAL POINT OF CONTACT				
4	3-STRIKING 111	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		DLOCATION	19-STANDING	0 - NO DAMA				
		4 - OVERTAKING/PASSING		15 - WALKING		20-OTHER NON-MOTORIST	0 6 1-12 - REFE	RTO UNIT 15 - VEHICLE NOT AT SCENE			
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11-SLOWING OR STOPPED	JOGGING,		21 - STANDING OUTSIDE	DIAGRAM 99 - UNKNOWN				
	& STRUCK	6 - MAKING LEFT TURN	IN TRAFFIC	16 - WORKING		DISABLED VEHICLE	15 (0)				
	9-OTHER/UNKNOWN		12-DRIVERLESS	17 - PUSHING	FERIOLE	99-OTHER/UNKNOWN		TRAFFIC			
	1 - NONE	7-LEFT OF CENTER	DI DIVED DAAITIAN	17 - VISION OF	STRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACI	DA PARKED POSITION	18-OPERATIN		22 - NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
10 1 1	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED Illegally	EQUIPME		23-OPENING DOOR INTO ROADWAY	2 2 · TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN			
	4 - RAN STOP SIGN	10-IMPROPER PASSING	15-SWERVING TO AVOID	SPILLING	FTING/FALLING/	RUADWAY 99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
CIRCUMSTANC	G 5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16-WRONG WAY	20 - IMPROPE		77*OTHER INFROFER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING			
	6 - IMPROPER TURN	12 - IMPROPER BACKING					ON ROAD	1 - NOT INVOLVED			
	E OF EVENTS						4	1 2 - INVOLVED-ACTIVE CROSSING			
	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE	16 - RAILWAY	VEHICI E	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
1 2 1 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL		EQUIPMENT		A THE STATE OF THE			
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL	18-ANIMAL		23 - STRUCK BY FALLING,	UNIT/N	ON-MOTORIST DIRECTION			
2		9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19-ANIMAL		SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST			
""	5 - CARGO / EQUIPMENT	10-CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR V		BY A MOTOR VEHICLE	FROM 3 TO	2 - SOUTH 6 - NORTHWEST			
3) 1	LOSS OR SHIFT		15-PEDALCYCLE	TRANSPO 21 - PARKED	MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
2 LL		COLLIES	ON WITH FIXED OBJEC					4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
	25 - IMPACT ATTENUATOR		37 - TRAFFIC SIGN POST	T – STRUCK 43-CURB		50 - WORK ZONE MAINTENANC		2 - OTHER / DAMAGMA			
4	/ CRASH CUSHION	32 - PORTABLE BARRIER		44-DITCH		EQUIPMENT	UNIT SPEED	DETECTED SPEED			
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	IAN CABLE BARRIER 39-LIGHT/LUMINARIES		MENT	51 - WALL		1 - STATED / ESTIMATED SPEED			
5 <u> </u>	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL Barrier	SUPPORT 40-UTILITY POLE	46 - FENCE	,	52 - BUILDING 53 - TUNNEL	0 0 0	2 - CALCULATED / EDR			
	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBOX 48 - Tree		54 - OTHER FIXED OBJECT					
61	_ 29-BRIDGE RAIL	BARRIER	OR SUPPORT	49 - FIRE HY	DRANT	99-OTHER/UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
	30 - GUARDRAIL FACE	36-MEDIAN OTHER BARRIER	42 - CULVERT	.,			2 5				
1	」 FIRST HARMFUL EVEI	NT 1 MOST	HARMFUL EVENT				3 5				
_											

LOCAL REPORT NUMBER

 $\begin{bmatrix} 2 & 0 & 2 & 2 & 2 & - & 0 & 0 & 0 & 1 & 9 & 3 & 6 \end{bmatrix}$ 

UNIT#	OWNER NAME: LAST, FIRST	· —	• • • • • • • • • • • • • • • • • • • •	OWNED DUONE.		DAMAGE				
	GINTHER, DANIEL DDRESS: STREET, CITY, STATE,					DAMAGE SCALE  1 - NONE 3 - FUNCTIONAL DAMAGE				
1	GCOY AVE ,Kent ,O					4 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
COMMER	CIAL CARRIER: NAME, ADDRI	ESS, CITY, STATE, ZIP		COMMERCIAL CARRIE	R PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
LP STATE	LICENSE PLATE #	VEHICLE	IDENTIFICATION #	VEHICLEY	EAR VEHICLE MAKE	DAMAGED AREA(S) INDICATE ALL THAT APPLY				
$O_{\perp}H_{\perp}$	733YOV	1 F M C U 0 3	Z <sub>1</sub> 4 <sub>1</sub> 8 <sub>1</sub> K <sub>1</sub> E <sub>1</sub> 3 <sub>1</sub> 1 <sub>1</sub> 6	5   7   4   2   0   0	8 Ford	0 0	12 1			
INSURA VERIF	INSURANCE COMPA	i	ISURANCE POLICY # 539180100	COLOR RED	VEHICLE MODEL ESCAPE	10 12	10 12 2			
	TYPE OF USE		US DOT #	TOWED BY: COMPA	NY NAME	10 2				
COMME	ERCIAL GOVERNMENT	IN EMERGENCY RESPONSE		Bakers Towing	OUS MATERIAL	$9 $ $\frac{9}{8}$ $\frac{3}{4}$ $\frac{3}{4}$	$\begin{bmatrix} 9 \\ 8 \end{bmatrix} \begin{bmatrix} \frac{3}{4} \\ \frac{3}{4} \end{bmatrix}$			
UNITERLOCK HIT/SKIP UNIT #0CCUPANTS VEHICLE WEIGHT & VEHI										
- EQUIP	PED	0,1	2 - 10,001 - 26K LBS 3 - >26K LBS.	D PLACARD		7 6 5	12 7 6 6			
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	11 2 2			
0 3	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14-SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	<del>-</del>	10 2			
UNIT TYPI	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR	26 - BICYCLE 27 - TRAIN	9	9 3 3			
		11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE		8 7 6 4				
0	# OF TRAILING UNITS					11 12	7 6 11 12 1			
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED			3 - CONDITIONAL AUTOMATIO	N 9-UNKNOWN	10 11 1 2	10 12 1			
_2_	1-YES 2-NO 9-OTHER/UNK	1 0 1	2 - PARTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 2	10 2			
	1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM	21 - MAIL CARRIER	9 B 3 4	3 9 8 4 4			
1011	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99-OTHER/UNKNOWN	8 7 6 5	8 $7$ $6$ $4$			
SPECIAL	3 - ELECTRONIC RIDE SHARING N 4 - SCHOOL TRANSPORT	8 - BUS - SHUTTLE 9 - BUS - OTHER	13-POLICE 14-Public Utility	18-SNOW REMOVAL 19-TOWING		7 6	7 6 5			
FUNGIIU	5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT				12 12 12			
1011	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	12				
CARGO BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK 10 - FLAT BED	13-AUTOTRANSPORTER 14-GARBAGE/REFUSE	a A R	3 9 3 3			
TYPE			7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99-OTHER/UNKNOWN		3 9 3 3			
<u> </u>	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTORTROUBLE	99-OTHER/UNKNOWN	6	) <b>E</b>			
	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR Accident			6 6 6			
	1 - INTERSECTION MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAN	D 12-FIRST RESPONDER	- NO DAMAGE	[0] X - UNDERCARRIAGE [14]			
NON-MOTORI	CROSSWALK ST 2-INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE 99-OTHER/UNKNOWN	X -TOP [13]	-ALL AREAS [15]			
LOCATION AT IMPAC	N CROSSWALK	5 -TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	77 OTHER ORMOVA	☐ - UN	IT NOT AT SCENE [16]			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING	INITI	AL POINT OF CONTACT			
3	2-NON-COLLISION  3-STRIKING  0 1	2 - BACKING   3 - Changing Lanes	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14-ENTERING OR CROSSING SPECIFIED LOCATION	OR LEAVING VEHICLE 19 - Standing	0 - NO DAMA				
	I 4-STRUCK PRE-CRASI	4 - OVERTAKING/PASSING	10-PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	1 2 1-12 - REFER	R TO UNIT 15 - VEHICLE NOT AT SCENE RAM 99 - UNKNOWN			
	5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHT TURN 6 - Making Left Turn	11 - SLOWING OR STOPPED In traffic	16-WORKING	21 - STANDING OUTSIDE Disabled vehicle	13 - TOP	***************************************			
	9 - OTHER / UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHICLE	99-OTHER/UNKNOWN		TRAFFIC			
	1 - NONE 2 - Failure to yield	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACC	13-IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIG CONTROL			
10,8	2 DAM DENTIONE	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			
CONTRIBUTI	* 4 - RAN STOP SIGN	10-IMPROPER PASSING 11-Drove off road	15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLIN Spilling	G/ ROADWAY 99-OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
	NG 5 - UNSAFE SPEED 6 - IMPROPERTURN	12-IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING			
SEQUEN	CE OF EVENTS		NOV COLLEGE			4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING			
n 1 2 1 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
1(-1.*	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	OPPOSITE DIRECTION OF Travel	17 - ANIMAL — FARM 18 - Animal — Deer	EQUIPMENT 23 - Struck by Falling,	UNIT / N	ON-MOTORIST DIRECTION			
2 0   8		9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19-ANIMAL OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR VEHICLE IN Transport	BY A MOTOR VEHICLE 24-other movable object	FROM 3 TO				
3 4 1 3	_	COLLISIO	15-PEDALCYCLE ON WITH FIXED OBJEC	21 - PARKED MOTOR VEHICL T - STRUCK	E		4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
4 <u> </u>	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43-CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	1				
	26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - Median Cable Barrier	38-OVERHEAD SIGN POST 39-LIGHT/LUMINARIES	44 - DITCH 45 - EMBANKMENT	51 - WALL	UNIT SPEED	DETECTED SPEED  1 - STATED / ESTIMATED SPEED			
5 <u> </u>	STRUCTURE  27 - BRIDGE PIER OR ABUTMEN	34-MEDIAN GUARDRAIL T Barrier	SUPPORT 40 - UT(LITY POLE	46-FENCE 47-MAILBOX	52 - BUILDING 53 - Tunnel	0 3 0	2 - CALCULATED / EDR			
,, ,	28-BRIDGE PARAPET  29-BRIDGE RAIL	35 - MEDIAN CONCRETE Barrier	41 - OTHER POST, POLE OR SUPPORT	48-TREE	54-OTHER FIXED OBJECT 99-OTHER/UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
6	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER		49 - FIRE HYDRANT	AA-OLUEKI ONKUOMA	2 5				
. 1	I EIDET HADMEIII EVE	NT   1   MACT	MADMEIII EVENT			3 5				

CHIO DEPARTMENT MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
inery - service	- New HIGH AIGHT AND								$2 \cdot 0 \cdot 2 \cdot 2 \cdot 2 \cdot - 0 \cdot 0 \cdot 0 \cdot 0 \cdot 1 \cdot 9 \cdot 3 \cdot 6 \cdot \cdots$						
UNIT#	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER					
	HASSON, JONATHON, PAUL								1 2 1 0 2 1 1 9 9 7 2 4 M						
=1	5: street, city, state, zip O CHARDON RD , CHARDON , OH 44024								CONTACT PHO	DNE - INCLUDE AREA CO	DE				
5	INJURED   EMS AGENCY (NAME)   INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMENT									SEATING POSITION	AID DAG II	SAGE EJECTION	TRAPPED		
INJURIES	TAKEN BY	MIS AGENCT (NAME)		INJUKED I.	AREN IO; I	MEDICAL PACILITY	NAME, CITT	USED 0 . 4	DOT-COMPLE MC HELME	IANT	. 1	1. 1	1		
OL STATE	OPERATOR LI	CENSE NUMBER	OFFENSE CHARGED			GED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER		الــــــــــــــــــــــــــــــــــــ		
О Н							CODE								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP		/ER RACTED	ALCO	HOL / DRUG SUSPE	CTED	CONDITION	ALCOH	OL TEST VALUE		DRUG TEST(S Type   result	SELECT UPTO 4		
4	SELECTOPION		BY	1	السط	COHOL MAR	RIJUANA	1	1 1		1	1			
4	MARKE LAST ST				UTO UTI	HER DRUG		L		Jaluaria DATE OF BIRTH		AGE	GENDER		
UNIT #	NAME: LAST, FI	ER, DANIEL, A								0, $6$ , $/$ $1$	0 1 5		M		
0,2	STREET, CITY, STA									ONE - INCLUDE AREA C		טויין וי	171		
727 L		Y AVE ,Kent ,OH	4424	0						OTTE MODOU ANEA O	<b></b>				
INJURIES	INJURED E	MS AGENCY (NAME)			TAKEN TO:	MEDICAL FACILITY	(NAME, CITY)		DOT-COMPL	SEATING POSITION	N AIR BAG I	JSAGE EJECTION	TRAPPED		
727 LO INJURIES OL STATE OL CL ASS	TAKEN BY							USED 0 4	MC HELM		1	_1	11		
OL STATE	OPERATOR LI	CENSE NUMBER		OFFENS	SE CHAR	GED	LOCAL	OFFENSE DES	CRIPTION		CITATI	ON NUMBER			
O, H,		· }		333.0	03		X	Maximu	m Speed		2160				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT U	DIS	VER TRACTED	-	HOL / DRUG SUSPI		CONDITION	ALC:01	IOL TEST E VALUE		DRUG TEST(S TYPE   RESUL	T SELECT UPTO 4		
. 4			BY	8 OTHER DRUG			1111, 11, 11, 11, 11, 11, 11, 11, 11, 1								
UNIT#	NAME: LAST, F	IRST, MIDDLE			legal 1		*		DATE OF BIRTH AGE GE				GENDER		
I., .,															
ADDRESS	: STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
970R															
INJURIES	INJURED   EMS AGENCY (NAME)   INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)						SAFETY EQUIPMEN	DOT-COMP	MPLIANT			TRAPPED			
ž	I BY				OFFENSE CHARGED LOCAL OFFENSE DESC			CRIPTION CITAL				<u> </u>			
OL STATE	OPERATOR LI	ICENSE NUMBER		OFFEN				SCRIPTION CITATION NUMBER							
OL GLASS	ENDORSEMENT	RESTRICTION SELECT U	PTO3 NRI	IVER	Laico	HOL / DRUG SUSP	ECTED	CONDITION	ALCO	HOL TEST		DRUG TEST(			
on ontion	SELECT UP TO 2		DIS	TRACTED	☐ AL	_COHOL MA	RIJUANA	\	STATUS TYP	E VALUE	STATUS	TYPE   RESU	LT SELECT UP 104		
			_		01	THER DRUG									
INUL 1 - FATAL	URIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DE	AIR BAG PLOYED		OL CLAS 1-CLASS A	S	OL RESTRI		DRIVER DISTRACTED	er typic out	1 - NONE GIVEN	ATUS		
2 - SUSPECTEI	D SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT MIDDLE	2 - DEPLOY			2 - GLASS B		2 - CDL INTRAST.		2 - MANUALLY OPERATII ELECTRONIC COMMU		2 - TEST REFUSED	integers of the sta		
3 - SUSPECTE 4 - POSSIBLE I	D.MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOY	'ED SIDE 'ed both fr	ONT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE 4 - FARM WAIVE		DEVICE (TEXTING, TY DIALING)		3 - TEST GIVEN, CO SAMPLE / UNU			
5 - NO APPARE		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT AP			(OH10 = D)		5 - EXCEPT CLAS		3 - TALKING ON HANDS-I		4 - TEST GIVEN, RI	精 医神经节点		
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKN	10WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLAS & CLASS B BU		COMMUNICATION DE 4 - TALKING ON HAND-H	4	UNKNOWN	LOULIO		
1 - NOT TRANS /TREATED		6 - SECOND - RIGHT SIDE 7 - Third - Left side		UECTION		OL ENDORSE	MENT	7 - EXCEPT TRAC		COMMUNICATION DE 5 - OTHER ACTIVITY WIT		ALCOHOL T	EST TYPE		
2 - EMS	A) SULIL	(MOTORCYCLE SIDE CAR)	1 - NOT EJ			H - HAZMAT		8 - INTERMEDIA RESTRICTION	I H HIVHITVH	ELECTRONIC DEVICE		1 - NONE 2 - BLOOD			
3 - POLICE 9 - OTHER/UN	VII/NOTANI	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE		(LLY EJECTE) Y ejected	D	M - MOTORCYCLE P - PASSENGER		9 LEARNER'S F RESTRICTION		6 - PASSENGER 7 - OTHER DISTRACTION	, ' <u>'</u>	3 - URINE			
		10 - SLEEPER SECTION OF TRUCK CAB	1.100.455	PLICABLE		N - TANKER		10 - LIMITED TO D	化二氯化二二二烷二烷 医皮肤	INSIDE THE VEHICLE 8 - OTHER DISTRACTION		4 - BREATH 5 - OTHER			
1 - NONE USE	EQUIPMENT D	11 - PASSENGER IN OTHER		TRAPPED	)	Q - MOTOR SCOOTER R - THREE-WHEEL N	1 of	11 - LIMITED TO E 12 - LIMITED - 01		THE VEHICLE	IVUISIDE				
1.0	R BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTR			S - SCHOOL BUS	NU IURUTULI	13 - MECHANICAI (Special Br	DEVICES	9-OTHER/UNKNOWN		DRUG TES	ALBAME.		
3 - LAP BELT (		PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRIC	CATED BY Inical Mean	NS	T - DOUBLE & TRIPL		CONTROLS, O	R OTHER	CONDITION		2 - BL00D			
5 - CHILD RES	RESTRAINT SYSTEM - CARGO AREA 3 - FRE		3 - FREED NON-M	Y_TANKER/HA7MAT		<u> </u>	14 - MILITARY VE	and the second of the second	1 - APPARENTLY NORMA 2 - PHYSICAL IMPAIRM		3 - URINE 4 - OTHER				
The second second	RD FACING 13-TRAILING UNIT NUN-M RESTRAINT SYSTEM - 14-RIDING ON VEHICLE EXTERIOR					GENDE F-FEMALE	R	15 - MOTOR VEHI AIR BRAKES	CLESWITHOUT	3 - EMOTIONAL (E.G., DEI Angry, Disturbed)	PRESSED,	DRUG TEST	RESULTIS		
REAR FACI	ING	(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		· 16 - OUTSIDE MII		4-ILLNESS		1 - AMPHETAMIN			
7 - BOOSTER : 8 - HELMET U		99 - OTHER / UNKNOWN				U - OTHER / UNKNOW	VN	17 - PROSTHETIC	AID	5 - FELL ASLEEP, FAINT FATIGUED, ETC.	ED,	2 - BARBITURATE 3 - BENZODIAZER			
	VE PADS USED (NEES, ETC.)							, ao vinieli		6-UNDER THE INFLUEI OF MEDICATIONS / D		4 - CANNABINOID	a state to the contract of		
10 - REFLECTI						8				/ALCOHOL		5 - COCAINE	MANA		
11 - LIGHTING / BICYCLE	- PEDESTRIAN ONLY						100			9-OTHER/UNKNOWN		6-OPIATES/OPI 7-OTHER	מוזח?		
99-OTHER/U											8 - NEGATIVE RE	SULTS			

	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
								$2 \cdot 0 \cdot 2 \cdot 2 \cdot - 0 \cdot 0 \cdot 0 \cdot 0 \cdot 1 \cdot 9 \cdot 3 \cdot 6$						
	UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
<b>.</b>	01	ZEIGLER, ANGEL, MARIE  SS: STREET, CITY, STATE, ZIP							1 0 / 0 1 / 1 9 9 8 2 3 F					
			state, zip IARY RD ,Rav		CONTACT PHONE - INCLUDE AREA CODE									
<u> </u>		INJURED	EMS Agency (NAME)	emia Twp	SAFETY EQUIPMENT	L	EATING POSITION	ATR RAG USAGE	EJECTION	TRAPPED				
	5	TAKEN BY	ERIO ABERGI (WAINE)		INJURED TAKEN TO: Medical Facility	DOT-COMPLIANT 0 3 1 1 1 1								
٥.	UNIT#	NAME: LAST	, FIRST, MIDDLE				0,4	DATE	OF BIRTH		AGE	GENDER		
· ,-	01		NGEISUR, LI	0 9 / 0 9 / 2 0 1 8 0 3 F										
E V		STREET, CITY,		<del></del>		CONTACT PHONE								
OCCUPAN	7174 J	INFIRM	ARY RD ,Rav		L									
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
L	5	BY L					<u>0,5</u>	MC HELMET 0 4 1 1 1 1						
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI	OF BIRTH		AGE	GENDER		
	<u></u>										ــــــــــــــــــــــــــــــــــــــ			
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE		-		
99. 0	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facility	(NAME, CITY)	SAFETY EQUIPMENT	l	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKÉN BY	and Addit (MAINE)		THOUSED TAKEN TO MEDIONE TABLETT	thanky of 172	USED	DOT-COMPLIANT MC HELMET	1 1 1					
2	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
			, ,						1/1	1 131	1 1 1			
ANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		1,		
OCCUPAN												ļ		
0	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility	SAFETY EQUIPMEN USED		DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BY						MC HELMET			السيا			
	1 - FATA	early and the same	IRIES	1 - NONE US	Y EQUIPMENT USED	9 5 1, 1 4 20	SEATING POS T – LEFT SIDE	The state of the state of	1 - NOT DE	AIR BAG U	SAGE			
	1.0		RIOUS INJURY		OCCUPANT	(MOT	ORCYCLE DRIV	VER) 2 - DEPLOYED						
	3 - SUS	PECTED MI	NOR INJURY		ER BELT ONLY USED		T – MIDDLE IT – RIGHT SID			PLOYED SIDE				
	4 - P0S	SIBLE INJU	IRY		T ONLY USED ER & Lap Belt USED	4 - SECOND - LEFT SID (MOTORCYCLE PASS 5 - SECOND - MIDDLE		E	4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE					
	5 - NO A	APPARENT	INJURY		ESTRAINT SYSTEM -			SENGER)						
			TAKEN BY	FORWAR	RD FACING 6 - SECOND – RIGHT SI			9 - DEFLOTIVICIAL CIAKIADVAIA						
		TRANSPOR		6 - CHILD R REAR FA	RESTRAINT SYSTEM – 7 - THIRD – LEFT SIDE ACING (MOTORCYCLE SIDE						ON			
	2 - EMS			7 - BOOSTEI	ER SEAT 8 - THIRD – MIDDLE			1 - NOT EJECTED						
	3 - POL	ICE		8 - HELMET	USED 9 - THIRD - RIGHT SID 10 - Sleeper Section				2 - PARTI	ALLY EJECT	ED			
	9 - OTH	ER/UNKN	NWC		TIVE PADS USED KNEES, ETC.)			THER ENCLOSED 3 - TOTALLY EJECTI						
	1 2 22	set 1 to the	NDER		TIVE CLOTHING	BUS, I	PICK-UP WITH CA	CAP)						
	F - FEM. M - MAL	Service of the			G – PEDESTRIAN		ENGER IN UNI GOAREA	NENCLOSED TRAPPED  1 - NOTTRAPPED						
	the section of	ER/UNKNO	WN	/ BICYCL 99 - OTHER/		1 7 7 1 1 1 1 1 1	LING UNIT	2 - FXTRICATED BY MECHANIC						
				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			NG ON VEHICLI TRAILING UNIT)		MEAN					
I						for any and the	MOTORIST		3 - FREED MEAN	) BY NON-MI S	ECHANIC	AL		
	MAMELL	AST, FIRST, MID	N.E			99 - OTH	ER / UNKNOWN	3 24 354 344	CE OF BIRTH		AGE	GENDER		
NESS	MAME: LA	ao i, rika i, Will	ver					/ /	_ / _	, , ,	1	- THE REAL PROPERTY OF THE PERTY OF THE PERT		
	ADDRESS	S: STREET, CITY	, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA O	ODE.				
\$	<b>S</b>													
Ú)	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE				GENDER		
SSENTIM	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
180	AUDKES:	o: SIKEEI, UII'	HOINIC, AIP					J J J J	I I	] ]	1 1	1 1		
	NAME: L	AST, FIRST, MID	DLE		and the state of t			DA	TE OF BIRTH	T	AGE	GENDER		
553								<u> </u>		<u> </u>		<u> </u>		
78 m 3	ADDRES	S: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INGLUDE AREA	CODE				
ĺ														