| OF PUBLIC SAFETY TRAFFIC CRASH                                  | LC   | DCAL REPORT NUMBER                                       | <u> </u>  |  |   |  |  |  |
|---|--|--|---|--|---|--|--|--|
| PHOTOS TAKEN OH-2 OH-3  | OH-2 OH-3 LOCAL INFORMATION  |  |   |  |   |  |  |  |
| OH-1P OTHER   | REPORTING AGENCY NAME*   | NCIC*  | HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 98 - ANIMAI               |  |   |  |  |  |
| PRIVATE PROPERTY  | City of Kent Police  | 0,6,7,0,3  | 2 - UNSOLVED  |  | 1 99 - UNKNOWN                                  |  |  |  |
| 6 7 1 1 2-CITY   Kont   | VILLAGE, TOWNSHIP*   |  | SH SEVERITY<br>FATAL  |  |   |  |  |  |
| 3-10WNSHIP  | LOCATION ROAD NAME   | ROAD TYPE  |   | 17,2,6,2,0,2,3,7,1,3,2,8, 2 - SERIOUS INJURY SUSPECTED |   |  |  |  |
| S - SOUTH   | WATER  | $\mathbf{S}_{\perp}\mathbf{T}_{\perp}$                   | 41,13,4   | ,  | MINOR INJURY                                    |  |  |  |
| W-WL31  | VV/AT LIX<br>Reference road name (road, milepost, h  |  | LONGITUDE DEG   |  | SUSPECTED INJURY POSSIBLE                       |  |  |  |
| S - SOUTH E - EAST  |  | ,  | -8 <sub>1</sub> 1 <sub>1</sub> 3 <sub>1</sub> 5 <sub>1</sub> 3 <sub>1</sub> |  | PROPERTY DAMAGE                                 |  |  |  |
| REFERENCE POINT DIRECTION                                       | ROUTE TYPE   | ROAD TYPE  |   | TERSECTION RELATED                                     | ONLY  |  |  |  |
| 2 MILE DOCT   | NTERSTATE ROUTE(TP)  AL -ALLEY   | HW-HIGHWAY RD-ROAD                                       |   | SECTION OR ON APPROA                                   |   |  |  |  |
| 3-HOUSE # E-EAST  | FEDERAL US ROUTE AV - AVENUE STATE ROUTE BL - BOULEVARD  | LA - LANE SQ - SQUARE MP - MILEPOST ST - STREET          | WITHIN INTER  | <b>4</b><br>Ber of approaches                          |   |  |  |  |
|   | NUMBERED COUNTY ROUTE CT - COURT   | OV - OVAL TE - TERRACE<br>PK - PARKWAY TL - TRAIL        |   | ROADWAY  |   |  |  |  |
| 1-MILES TR-   | NUMBERED TOWNSHIP ROUTE  OR - DRIVE  | PI - PIKE WA - WAY                                       | ROADWAY DIVI  | DED  |   |  |  |  |
| 1 U 2 3-YARDS   | HE - HEIGHTS   | PL - PLACE   |   | <br>I  |   |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY 9 - CROSSOVER | MANNER OF CRAS  1 - NOT COLLISION  | <b>H COLLISION/IMPACT</b><br>4 - REAR-TO-REAR            | DIRECTION OF TRAVEL  N - NORTH  | MEDIAN   | I TYPE<br>LUSH MEDIAN                           |  |  |  |
| 0 1 2-ON SHOULDER 10-DRIVEWAY//                                 | ADE CONCEINE   Z   TWO MOTOR   | 5 - BACKING<br>6 - ANGLE                                 | )   |  |   |  |  |  |
| 4 - ON ROADSIDE 12-SHARED US                                    | E PATHS OR TRANSPORT   | 7 - SIDESWIPE, SAME DIRECTION                            | LUSH MEDIAN<br>)  |  |   |  |  |  |
| 5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE             |  | 8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN | EPRESSED MEDIAN<br>AISED MEDIAN   |  |   |  |  |  |
| 7 - ON RAMP 14-TOLL BOOTH<br>8 - OFF RAMP 99-OTHER / UNI        |  |  |   | (ANY TYPE<br>9 - OTHER/UN                              |   |  |  |  |
|   | WORK ZONE TYPE LOCATIO   | ON OF CRASH IN WORK ZONE                                 | CONTOUR   | CONDITIONS   | SURFACE   |  |  |  |
|   | ANE CLOSURE 1  | - BEFORE THE 1ST WORK ZONE<br>WARNING SIGN               | 2   | 1 1  | 1 1   |  |  |  |
| 3-V   | TORK ON SHOOLDER   | ADVANCE WARNING AREA 1 - STRAIGHT LEVEL 1 - DRY          |   |  | 1 - CONCRETE                                    |  |  |  |
|   |  | -TRANSITION AREA<br>-ACTIVITY AREA                       | REA 2-STRAIGHT GRADE 2-WET  |  |   |  |  |  |
| ACTIVE SCHOOL ZONE 5-0  | THER 5   | -TERMINATION AREA  | 3 - CURVE LEVEL 3 - SNOW ASPH 4 - CURVE GRADE 4 - ICE 3 - RDICL             |  |   |  |  |  |
| LIGHT CONDITION   | WEATHER  |  |   | 5 - SAND, MUD, DIRT,                                   | 3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL,            |  |  |  |
| 1 - DAYLIGHT  1 - DAWN/DUSK                                     | 1-CLEAR 6-SNOW 2-CLOUDY 7-SEVERE   | OIL, GRAVEL STO  |   |  |   |  |  |  |
| 3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED       | 3 - FOG, SMOG, SMOKE 8 - BLOWIN  |  |   |  |   |  |  |  |
| 5 - DARK – UNKNOWN ROADWAY LIGHTING                             | 10 10 10 10 10 10 10 10 10 10 10 10 10 1   | / UNKNOWN  |   |  |   |  |  |  |
| 9 - OTHER / UNKNOWN   |  | 1  |   |  |   |  |  |  |
| NARRATIVE   |  |  |   |  | Indicate the north direction with an "N" on the |  |  |  |
| UNIT 2 WAS DISABLED AND T                                       |  |  |   |  | compass diagram.                                |  |  |  |
| WOULD NOT START OR MO   | VE AS IT WAS   |  |   | i I  |   |  |  |  |
| STOPPED IN TRAFFIC TRAV   | TELING   |  | S.WATERST.  |  |   |  |  |  |
| NORTHBOUND ON S. WATER  | R ST. AT STHY  |  | **   *   *  |  |   |  |  |  |
| 261. UNIT 1 WAS ALSO TRAV                                       | ELING  |  | _   | <u>t</u>   |   |  |  |  |
| NORTHBOUND ON S. WATER  | R ST., DIRECTLY  |  |   | <b>← ℓ ℓ</b>   |   |  |  |  |
| BEHIND UNIT 2. UNIT 1 STR                                       | <u> </u>   |  | _   |  |   |  |  |  |
| FROM THE REAR.  |  | -  |   | STHY261  |   |  |  |  |
| FROM THE REAR.  |  | -  |   | (\$Z=)   |   |  |  |  |
|   |  |  |   | Not To Sea   | ale   |  |  |  |
|   |  |  | -   T   | 1 ~  |   |  |  |  |
|   |  |  | 1 ! ! ! !   | 1 1  |   |  |  |  |
|   | 300 May 1991 (200 May 1991 (20 | RIVAL DATE / TIME  | SCENE CLEARED D   | I⊽   | POLICE AGENCY                                   |  |  |  |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$           |  |  |   | 1/1/4/1/2  | MOTORIST  |  |  |  |
| TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTE |  | CHECKED BY OFFI  | SUPPLEMENT  |  |   |  |  |  |
|   | OFFICER'S BADGE NUMBER   | — CORRE  |   |  |   |  |  |  |
|   | 2 2 1 6  | 2 4  | 3 1   |  |   |  |  |  |

OHIO DEPARTMENT
OF PUBLIC SAFETY
SAFETY - SERVICE - PROTECTION LOCAL REPORT NUMBER 2 | 0 | 2 | 3 | - | 0 | 0 | 0 | 1 | 1 | 6 | 2 | 9 | OWNER PHONE: INC OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER DAMAGE Redacted per ORC 149.43(A)(1) 0 1 AKRONS FINEST MULCH DAMAGE SCALE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( | SAME AS DRIVER) 1 - NONE 2 1735 COPLEY RD ,Akron ,OH 44320 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP AKRONS FINEST MCIMMERGAL EMRIER PHONE: INCLUDE AREA CODE Redacted per ORC 149.43(A)(1) 9 - UNKNOWN 1735 COPLEY RD ,Akron ,OH 44320 DAMAGED AREA(S) INDICATE ALL THAT APPLY VEHICLE IDENTIFICATION # LP STATE LICENSE PLATE # VEHICLE YEAR VEHICLE MAKE 1,XKWD,4,0,X3,MR,4,5,5,7,9,0 O H PLT7157 12 10 12 11Kenworth N **Iotor Truck Co.** INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL PEKIN INSURANCE **W9 Series** 005941575 GRY TYPE of USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED CLASS # PLACARD ID # INTERLOCK 1 - ≤10K LBS. HIT/SKIP UNIT L DEVICE EQUIPPED 2 - 10,001 - 26K LBS.  $0_{\perp}1$ PLACARD 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 1 5 2 - PASSENGER ..... 3 - SPORT UTILITY VEHICLE 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP 6 - VAN (9-15 SEATS) 17 - MOTORHOME (ATV / UTV) oxdot 0 # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 AUTONOMOUS 2 - PARTIAL AUTOMATION J 1-YES 2-NO 9-OTHER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / LINKNOWN 0 1 2 - TAXI SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19-TOWING 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODY TYPE 8 - POLE 12 - CONCRETE MIXER 0.7 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 13 - AUTO TRANSPORTER 9 - CARGO TANK CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY \* 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99 - OTHER / UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR 5 - STEERING ACCIDENT DEFECTIVE **DEFECTS 3 - TAIL LAMPS** 6 - TIRE BLOWOUT - NO DAMAGE [ 0 ] ☐-UNDERCARRIAGE [14] 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 1 - INTERSECTION - MARKED 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE ☐-TOP [13] 4 - MIDBLOCK - MARKED - ALL AREAS [15] 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99 - OTHER / UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK - UNIT NOT AT SCENE [16] 5 - TRAVEL LANE - OTHER LOCATION TRAILS AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - BACKING 8 - ENTERING TRAFFIC LANE 2 - NON-COLLISION 14 - ENTERING OR CROSSING 0 1 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE . 3 19-STANDING SPECIFIED LOCATION 3 - STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10 - PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13 - TOP 16 - WORKING DISABLED VEHICLE & STRUCK IN TRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / LINKNOWN 12 - DRIVERLESS TRAFFIC 13 - IMPROPER START FROM A 21 - LYING IN ROADWAY 1 - NONE 7 - LEFT OF CENTER 17 - VISION OBSTRUCTION PARKED POSITION 18-OPERATING DEFECTIVE 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 14 - STOPPED OR PARKED EQUIPMENT 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO  $10^{1}8^{1}$ ILLEGALLY 19-LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 15 - SWERVING TO AVOID CONTRIBUTING CIRCUMSTANCES 5 - UNSAFE SPEED SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING SEQUENCE OF EVENTS NON-COLLISION 1 2 0 1 - OVERTURN/ROLLOVER

| TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWG-WAY               | TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN  2 - SIGNAL 5 - YIELD SIGN  3 - FLASHER 6 - NO CONTROL |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| # OF THROUGH LANES ON ROAD                            | RAIL GRADE CROSSING  1 - NOT INVOLVED  2 - INVOLVED-ACTIVE CROSSING  3 - INVOLVED-PASSIVE CROSSING   |  |  |  |  |  |  |
| UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST |  |  |  |  |  |  |  |

| FROM <u>2</u> TO <u>1</u> | 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |  |  |  |  |  |
|---------------------------|---|--|--|--|--|--|
| UNIT SPEED                | DETECTED SPEED  |  |  |  |  |  |
| $0 \cdot 1 \cdot 0$       | 1 - STATED / ESTIMATED SPEED                                      |  |  |  |  |  |
| 0 1 0                     | 2 - CALCULATED / EDR  |  |  |  |  |  |
| POSTED SPEED              | 3 - UNDETERMINED  |  |  |  |  |  |
| 2 5                       |   |  |  |  |  |  |

2 - SOUTH

2 - FIRE/EXPLOSION

5 - CARGO / EQUIPMENT

25 - IMPACT ATTENUATOR

/ CRASH CUSHION

27 - BRIDGE PIER OR ABUTMENT

J FIRST HARMFUL EVENT

26 - BRIDGE OVERHEAD

STRUCTURE

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

\_ 29-BRIDGE RAIL

LOSS OR SHIFT

3 - IMMERSION

4 - JACKKNIFE

6 - EQUIPMENT FAILURE

7 - SEPARATION OF UNITS

8 - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

10 - CROSS MEDIAN

31 - GUARDRAIL END

32 - PORTABLE BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

BARRIER

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

11 - CROSS CENTERLINE -

12 - DOWNHILL RUNAWAY

13 - OTHER NON-COLLISION

37 - TRAFFIC SIGN POST

38 - OVERHEAD SIGN POST

39-LIGHT/LUMINARIES

TRAVFI

14 - PEDESTRIAN

15-PEDALCYCLE

SUPPORT

40 - UTILITY POLE

OR SUPPORT

42 - CULVERT

\_\_\_\_ MOST HARMFUL EVENT

41 - OTHER POST, POLE

OPPOSITE DIRECTION OF

COLLISION WITH FIXED OBJECT - STRUCK

16 - RAILWAY VEHICLE

17 - ANIMAL - FARM

18-ANIMAL — DEER

19-ANIMAL - OTHER

20 - MOTOR VEHICLE IN

21 - PARKED MOTOR VEHICLE

TRANSPORT

43-CURB

44 - DITCH

46-FENCE

48-TREE

47 - MAILBOX

45 - EMBANKMENT

49 - FIRE HYDRANT

22 - WORK ZONE MAINTENANCE

EQUIPMENT

23 - STRUCK BY FALLING,

SHIFTING CARGO OR

BY A MOTOR VEHICLE

24-OTHER MOVABLE OBJECT

50 - WORK ZONE MAINTENANCE

EQUIPMENT

54 - OTHER FIXED OBJECT

99-OTHER/UNKNOWN

51 - WALL

52 - BUILDING

53-TUNNEL

ANYTHING SET IN MOTION

6 - NORTHWEST

27 - BRIDGE PIER OR ABUTMENT

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

\_ 29-BRIDGE RAIL

BARRIER

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

**LOCAL REPORT NUMBER** 2 | 0 | 2 | 3 | - | 0 | 0 | 0 | 1 | 1 | 6 | 2 | 9 | Redacted per ORC 149.43(A)(1) OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) DAMAGE 0 2 BUSSON, CAROL DAMAGE SCALE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( | SAME AS DRIVER) 1 - NONE 3 140 CRAIN AVE ,Kent ,OH 44240 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE J\_HLRE4.8.5.4.7.C0.2.0.5.6.8...2.0.0.7.. O\_H|JYB1680 Honda INSURANCE COMPANY PROCESS INSURANCE POLICY # COLOR VEHICLE MODEL **PROGRESSIVE BLU** 955674953 CRV TYPE of USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE AAA HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED CLASS # PLACARD ID # INTERLOCK 1 - ≤10K LBS. 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IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 4 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 2 0 1 - OVERTURN/ROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 17 - ANIMAL - FARM 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS **UNIT / NON-MOTORIST DIRECTION** TRAVFI 23 - STRUCK BY FALLING, 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL — DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT BY A MOTOR VEHICLE 10 - CROSS MEDIAN 14 - PEDESTRIAN FROM 2 TO 1 TRANSPORT 7 - SOUTHEAST 3 - EAST LOSS OR SHIFT 24 - OTHER MOVABLE OBJECT 15 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 50 - WORK ZONE MAINTENANCE 43-CURB / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH EQUIPMENT UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 39-LIGHT/LUMINARIES 33 - MEDIAN CABLE BARRIER 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE 34-MEDIAN GUARDRAIL SUPPORT 52 - BUILDING 46-FENCE  $0 \, , \, 0 \, , \, 0$ 

2 5 ■ MOST HARMFUL EVENT J FIRST HARMFUL EVENT HSY8304 OH1U 1/19 [760-0820]

47 - MAILBOX

49 - FIRE HYDRANT

48-TREE

53-TUNNEL

54 - OTHER FIXED OR JECT

99-OTHER/UNKNOWN

POSTED SPEED

40 - UTILITY POLE

OR SUPPORT

42 - CULVERT

41 - OTHER POST, POLE

2 - CALCULATED / EDR

3 - UNDETERMINED

| OHIO DEF   | CHIO DEPARTMENT MOTORIST / NON-MOTORIST             |  |                            |                                   |           | LOCAL REPORT NUMBER  |   |   |  |   |   |                                      |                        |  |
|--|---|--|----------------------------|-----------------------------------|-----------|--|---|---|--|---|---|--------------------------------------|------------------------|--|
| WAS CAUGHT AND THE TOTAL |   |  |                            |                                   |           | 2 + 0 + 2 + 3 + - + 0 + 0 + 0 + 1 + 1 + 6 + 2 + 9 + -          |   |   |  |   |   |                                      |                        |  |
| UNIT #   |   |  |                            |                                   |           |  | DATE OF BIRTH AGE GENDER                  |   |  |   |   |                                      |                        |  |
|  |   |  |                            |                                   |           |  | 0 + 7 + 2 + 9 + 1 + 9 + 8 + 8 + 3 + 4 + M |   |  |   |   |                                      |                        |  |
|  | STREET, CITY, ST                                    | TATE, ZIP<br>VOOD AVE ,Akro                        | n ,OH                      | 44320                             | )         |  |   |   |  | PHONE - INCLUDE AREA C<br>Acted per C           |   | 149.43                               | (A)(1) <sub>_</sub>    |  |
| INJURIES   | TAKEN   | EMS AGENCY (NAME)                                  |                            | INJURED TA                        | AKEN TO:  | MEDICAL FACILITY   | (NAME, CITY)                              | USED                                    | DOT-Co                                   | MPLIANT SEATING POSITIO                         | N AIR BAG L                             | JSAGE EJECTIO                        |                        |  |
| 5  | BY  |  |                            |                                   |           |  |   | 0,4                                     | Шмс не                                   | LMET 0 1  | 1                                       | 1                                    |                        |  |
| OL STATE   | 1970 - 1970 - 1970 - 1970                           | LICENSE NUMBER<br>CTED PER ORC 450                 | 1:1-12                     | OFFENS                            |           | RGED   | CODE                                      | OFFENSE DESC                            |  |   | CITATION NUMBER 26048                   |                                      |                        |  |
| O H OL CLASS   | ENDORSEMENT   | 333.03   |                            |                                   |           | OHOL / DRUG SUSP   | ECTED                                     | Maximum Sp                              |  | OHOL TEST                                       | DRUG TEST(S)                            |                                      |                        |  |
| OL OLAGO   | SELECT UP TO 2                                      |  |                            | TRACTED                           |           | COHOL MAI  |   |   | STATUS                                   | YPE VALUE                                       | STATUS                                  | TYPE RESU                            | LT SELECT UPTO 4       |  |
| 1  | $\lfloor \mathbf{N} \rfloor \lfloor \ldots \rfloor$ |  |                            | 1                                 | 01        | THER DRUG  |   | 1                                       | _1_                                      | 1   | _1                                      | 1                                    |                        |  |
| UNIT #   |   | FIRST, MIDDLE                                      |                            |                                   |           |  |   |   |  | DATE OF BIRTH                                   |   | AGE                                  | GENDER                 |  |
| 0,2  |   | ON, CAROL  |                            |                                   |           |  |   |   |  | 1 7 1 9   |   | <u> </u>                             |                        |  |
| Ħ  | STREET, CITY, ST                                    | 00000 00 <b>7</b> 00000                            | 14240                      |                                   |           |  |   |   |  | PHONE - INCLUDE AREA C<br>Acted per C           |   | 140 43                               | (Δ)(1)                 |  |
| INJURIES   |   | AVE ,Kent ,OH 4                                    | 14240                      | INTIDED T                         | AKEN TO:  | MEDICAL FACILITY   | (NAME CITY)                               | SAFETY FOILIDMENT                       | _  | SEATING DOSITIO                                 |   |                                      |                        |  |
| NON 3  | TAKEN   | Kent Fire  |                            | INSUREDIA                         | AKLIN 10. | MEDICALIACIENT   | CIVAINE, CITT                             | USED 0 4                                | □ DOT-Co                                 | MPLIANT   | N AIR BAG USAGE EJECTION TRAPPED  1 1 1 |                                      |                        |  |
| OL STATE   | OPERATOR I  | LICENSE NUMBER                                     |                            | OFFENS                            | E CHAR    | RGED   | LOCAL                                     | OFFENSE DESC                            | RIPTION                                  |   | CITATI                                  | CITATION NUMBER                      |                        |  |
| O H  | REDAC   | TED PER ORC 450                                    | 1:1-12                     |                                   |           |  | CODE                                      |   |  |   |   |                                      |                        |  |
| OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2                       | RESTRICTION SELECT                                 |                            | VER<br>TRACTED                    | ALCC      | HOL / DRUG SUSP  | ECTED                                     | CONDITION                               | ALC<br>STATUS T                          | OHOL TEST<br>YPE VALUE                          |   | DRUG TEST(<br>TYPE   RESU            | S)<br>LT select upto 4 |  |
| . 4 .  |   |  | BY                         | 1                                 | =         | _COHOL MAI   | RIJUANA                                   | . 1                                     | 1  | 1   | 1                                       | 1                                    |                        |  |
| UNIT#  | NAME. LAST  | FIRST, MIDDLE                                      |                            | 1                                 | 01        | THER DRUG  |   |   |  | DATE OF BIRTH                                   | 1                                       | AGE                                  | GENDER                 |  |
| ONII #   | NAME. LAST,   | FIRST, WIDDLE                                      |                            |                                   |           |  |   |   |  | DATE OF BIRTH                                   |   | AGE                                  | GENDER                 |  |
| ADDRESS:   | STREET, CITY, S                                     | TATE, ZIP  |                            |                                   |           |  |   |   | CONTACT PHONE - INCLUDE AREA CODE        |   |   |                                      |                        |  |
| TORI   |   |  |                            |                                   |           |  |   |   |  | 1 1   | 1 1                                     |                                      | 11                     |  |
| INJURIES   | INJURED<br>TAKEN                                    | EMS AGENCY (NAME)                                  |                            | INJURED TA                        | AKEN TO:  | MEDICAL FACILITY   | (NAME, CITY)                              |   | DOT-Co                                   | SEATING POSITIO                                 | N AIR BAG U                             | JSAGE EJECTIO                        | N TRAPPED              |  |
|  | BY  |  |                            | USED                              |           |  | <b>Шмс</b> не                             |   | الـ                                      |   | نــــاد                                 |                                      |                        |  |
| OL STATE   | OPERATOR I  | LICENSE NUMBER                                     |                            | OFFENSE CHARGED LOCAL OFFENSE DES |           |  | OFFENSE DESC                              | RIPTION                                 |  | CITATI  | ON NUMBER                               |                                      |                        |  |
|  |   |  | - Laure                    |                                   |           |  |   | Na integration cause to a convention of | AL C                                     | OHOL TEST                                       |   | DRUG TEST(                           | 6)                     |  |
| ≥ OL CLASS   | SELECT UP TO 2                                      | RESTRICTION SELECT                                 |                            | TRACTED                           | _         | DHOL / DRUG SUSPI<br>LCOHOL   MAI                              | ECTED<br>RIJUANA                          | CONDITION                               | STATUS T                                 |   |   |                                      | LT SELECTUPIO4         |  |
|  |   |  |                            |                                   | =         | THER DRUG  |   |   | ے ایک                                    |   |   | عانصا أنسي                           |                        |  |
|  | RIES  | SEATING POSITION                                   |                            | IR BAG                            |           | OL CLAS  | S   | OL RESTRIC                              |  | DRIVER DISTRAC                                  |   | TEST ST                              | ATUS                   |  |
| 1 - FATAL<br>2 - SUSPECTED:  | SERIOUS INJURY                                      | 1 - FRONT – LEFT SIDE<br>(MOTORCYCLE DRIVER)       | 1 - NOT DEP<br>2 - DEPLOYE |                                   |           | 1 - CLASS A 1 - ALCOHOL INTER<br>2 - CLASS B 2 - CDL INTRASTAT |   |   |  | 1 - NOT DISTRACTED 2 - MANUALLY OPERATIN        |   | 1 - NONE GIVEN N 2 - TEST REFUSED    |                        |  |
| 3 - SUSPECTED  |   | 2 - FRONT – MIDDLE<br>3 - FRONT – RIGHT SIDE       | 3 - DEPLOYE                |                                   |           | 3 - CLASS C 3 - CORRECTIVE LE                                  |   |   | DEVICE (TEXTING, TYPING                  |   |   |                                      |                        |  |
| 4 - POSSIBLE IN<br>5 - NO APPAREN  |   | 4 - SECOND - LEFT SIDE                             | 4 - DEPLOYE<br>5 - NOT APP | ED BOTH FRON<br>LICABLE           | IT / SIDE | 4 - REGULAR CLASS 4 - FARM WAIVER (OHIO = D) 5 - EXCEPT CLASS  |   |   | DIALING) A BUS 3 - TALKING ON HANDS-FREE |   |   | 4 - TEST GIVEN RESULTS KNOWN         |                        |  |
| INHIBED  | TAKEN BY  | (MOTORCYCLE PASSENGER)  5 - SECOND – MIDDLE        | 9 - DEPLOY!                | MENT UNKNOV                       | ₩N        | 5 - M/C MOPED ONLY<br>6 - NO VALID OL                          |   | 6 - EXCEPT CLASS A<br>& CLASS B BUS     | 4  | COMMUNICATION DEV                               | ICE :                                   | 5 - TEST GIVEN, RE<br>UNKNOWN        | SULTS                  |  |
| 1 - NOT TRANSP   | ORTED   | 6 - SECOND - RIGHT SIDE                            |                            |                                   |           |  |   | 7 - EXCEPT TRACTO                       | R-TRAILER                                | 4 - TALKING ON HAND-HE<br>COMMUNICATION DEV     | ICE                                     | ALCOHOL TE                           | ST TYPE                |  |
| /TREATED AT<br>2 - EMS   | SCENE   | 7 - THIRD – LEFT SIDE<br>(MOTORCYCLE SIDE CAR)     | 1 - NOT EJE                | CTED                              |           | OL ENDORSEI<br>H - HAZMAT                                      | MENI                                      | 8 - INTERMEDIATE<br>RESTRICTIONS        | LICENSE                                  | 5 - OTHER ACTIVITY WITH<br>ELECTRONIC DEVICE    |   | L - NONE                             |                        |  |
| 3 - POLICE   |   | 8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE       | 2 - PARTIAL                |                                   |           | M - MOTORCYCLE   |   | 9 - LEARNER'S PER<br>RESTRICTIONS       | MIT                                      | 6 - PASSENGER                                   |   | 2 - BLOOD<br>3 - URINE               |                        |  |
| 9 - OTHER / UNK  | NO₩N  | 10 - SLEEPER SECTION                               | 3 - TOTALLY<br>4 - NOT APP |                                   |           | P - PASSENGER<br>N -TANKER                                     |   | 10 - LIMITED TO DAY                     | LIGHT ONLY                               | 7 - OTHER DISTRACTION<br>INSIDE THE VEHICLE     | ı                                       | 1 - BREATH                           |                        |  |
| 1 - NONE USED  | QUIPMENT  | OF TRUCK CAB  11 - PASSENGER IN OTHER              | 77                         | RAPPED                            |           | Q - MOTOR SCOOTER  |   | 11 - LIMITED TO EMP                     |  | 8 - OTHER DISTRACTION (<br>THE VEHICLE          | OUTSIDE !                               | 5 - OTHER                            |                        |  |
| 2 - SHOULDER B   | ELT ONLY USED                                       | ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS,    | 1 - NOTTRA                 |                                   |           | R - THREE-WHEEL MO<br>S - SCHOOL BUS                           | TORCYCLE                                  | 13 - MECHANICAL DE                      | EVICES                                   | 9 - OTHER / UNKNOWN                             |   | DRUG TES                             | TTYPE                  |  |
| 3 - LAP BELT ON  | LY USED<br>LAP BELT USED                            | PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED    | 2 - EXTRICA<br>MECHAN      | TED BY<br>IICAL MEANS             |           | T - DOUBLE & TRIPLE  |   | CONTROLS, OR O                          | THER                                     | CONDITION                                       |   | 2 - BL00D                            |                        |  |
| 5 - CHILD RESTR  | RAINT SYSTEM -                                      | CARGO AREA   | 3 - FREED B                | Y<br>Chanical Me.                 | AMC       | X - TANKER / HAZMAT  |   | ADAPTIVE DEVI                           |  | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMEN |   | 3 - URINE<br>1 - OTHER               |                        |  |
| FORWARD FA<br>6 - CHILD RESTF  |   | 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR | INO IN-INI E C             | OTTANIONE WE                      | MINO      | GENDER   |   | 15 - MOTOR VEHICLE<br>AIR BRAKES        |  | 3 - EMOTIONAL (E.G., DEPR                       | ESSED,                                  |                                      | ECHITE)                |  |
| REAR FACING  | 3   | (NON-TRAILING UNIT)<br>15 - NON-MOTORIST           |                            |                                   |           | F - FEMALE<br>M - MALE   |   | 16 - OUTSIDE MIRRO                      | R  | ANGRY, DISTURBED) 4 - ILLNESS                   |   | DRUG TEST R<br>L-AMPHETAMINE         |                        |  |
| 7 - BOOSTER SE<br>8 - HELMET USE   |   | 99 - OTHER / UNKNOWN                               |                            |                                   |           | U - OTHER / UNKNOWN  |   | 17 - PROSTHETIC AID<br>18 - OTHER       | )  | 5 - FELL ASLEEP, FAINTED<br>FATIGUED, ETC.      |   | 2 - BARBITURATES                     |                        |  |
| 9 - PROTECTIVE<br>(ELBOW, KNE  |   |  |                            |                                   |           |  |   | TO-VINEK                                |  | 6 - UNDER THE INFLUENC                          | Ε,                                      | 3 - BENZODIAZEPI<br>1 - CANNABINOIDS |                        |  |
| 10 - REFLECTIVE  | CLOTHING  |  |                            |                                   |           |  |   |   |  | OF MEDICATIONS / DRU<br>/ ALCOHOL               | 10.2                                    | 5 - COCAINE                          |                        |  |
| 11 - LIGHTING - F<br>/ BICYCLE ON  |   |  |                            |                                   |           |  |   |   |  | 9 - OTHER / UNKNOWN                             |   | 5 - OPIATES / OPIO<br>7 - OTHER      | IDS                    |  |
| 99 - OTHER / UNK   |   |  |                            |                                   |           |  |   |   |  |   |   | B - NEGATIVE RES                     | ULTS                   |  |

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