OHIO DEPARTMENT TRAFFIC CRASH F	REPORT	LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION			2 . 0 . 2 . 4	0.0.0.0.8	$3 \cdot 3 \cdot 5 \cdot 2$		
OH-1P OTHER	REPORTING AGENCY NAME*		ic*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL		
PRIVATE PROPERTY	City of Kent Police	$\lfloor 0 \rfloor 6 \rfloor$	7,0,3	2 - UNSOLVED	0 2 0	2 99 - UNKNOWN		
1-CITY	VILLAGE, TOWNSHIP*			CRASH DATE / TI	1.	SH SEVERITY FATAL		
3-TOWNSHIP TENT	LOCATION ROAD NAME	l no	AD TYPE	6 0 7 2 0 2 4 /		SERIOUS INJURY SUSPECTED		
S - SOUTH					2	MINOR INJURY		
W WEST	WATER REFERENCE ROAD NAME (ROAD, MILEPOS	et House #)	S T 4	LONGITUDE DEC		SUSPECTED INJURY POSSIBLE		
S - SOUTH	WILLIAMS					PROPERTY DAMAGE		
REFERENCE POINT DIRECTION		S S S S S S S S S S S S S S S S S S S	S T -8	3 ₁ 1 ₁₀ 3 ₁ 5 ₁ 8 ₁ 2		ONLY		
1 - INTERSECTION FROM REFERENCE N - NORTH IR -	ROUTE TYPE INTERSTATE ROUTE(TP) AL - ALLEY	ROAD TYPE HW-HIGHWAY RD - F	ROAD		NTERSECTION RELATED SECTION OR ON APPROAG	200.77		
3-HOUSE # E-EAST	FEDERAL US ROUTE AV - AVENUE BL - BOULEV		SQUARE STREET	4_				
W-WEST SR-S	STATE ROUTE CR - CIRCLE		TERRACE	WITHIN INTER	ROADWAY	BER of APPROACHES		
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - I	NUMBERED TOWNSHIP DR - DRIVE	PK - PARKWAY TL - T PI - PIKE WA - V						
2 - FEET 3 - YARDS	ROUTE HE - HEIGHT		L	ROADWAY DIVI	DED			
LOCATION OF FIRST HARMFUL EVENT		RASH COLLISION/IMPACT	DIR	RECTION OF TRAVEL	MEDIAN	ITYPE		
1-ON ROADWAY 9-CROSSOVER 2-ON SHOULDER 10-DRIVEWAY/A	ALLEY ACCESS BETWEEN	ON 4 - REAR-TO-REAR 5 - BACKING		N - NORTH S - SOUTH	1 - DIVIDED F	LUSH MEDIAN)		
0 1 3-IN MEDIAN 11-RAILWAY GR 4-ON ROADSIDE 12-SHARED USI	VEHICLES IN	6 - ANGLE 7 - SIDESWIPE, SAME DIRE	DECTION L	E - EAST	2 - DIVIDED F	LUSH MEDIAN		
5 - ON GORE TRAILS	2 - REAR-END	8 - SIDESWIPE, OPPOSITE		W-WEST	3 - DIVIDED, D	EPRESSED MEDIAN		
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 7 - ON RAMP 14-TOLL BOOTH	3 - HEAD-ON	9 - OTHER / UNKNOWN			(ANY TYPE	All the second second		
8-OFF RAMP 99-OTHER / UNI	(NOWN				9 - OTHER/UNI	KNOWN		
WORK ZONE RELATED	WORK ZONE TYPE LOCA	ATION OF CRASH IN WORK 2 1 - BEFORE THE 1ST WOR		CONTOUR	CONDITIONS	SURFACE		
WORKERS PRESENT 2 - L	ANE SHIFT/CROSSOVER	WARNING SIGN		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE				
	VORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING AF 3 - TRANSITION AREA	-TRANSITION AREA 2 - STRAIGHT GRADE 2 - WET 2 - BL					
The production of the producti	NTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA 5 - TERMINATION AREA	3 - CURVELEVEL 3 - SNOW					
	7		10.0	4 - CURVE GRADE 4 - ICE 3 - BRICK/BLO				
LIGHT CONDITION 1 - DAYLIGHT	WEATHER 1-CLEAR 6-SNO	ow	9-	9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAVI				
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0 1 2-CLOUDY 7-SEV 3-FOG, SMOG, SMOKE 8-BLO	YERE CROSSWINDS	ow.	6 - WATER (STANDING, MOVING) 5 - DIRT				
4 - DARK – ROADWAY NOT LIGHTED	4-RAIN 9-FRE	EZING RAIN OR FREEZING	NG RAIN OR FREEZING DRIZZLE 7 - SLUSH 9 - OTHE			9 - OTHER/UNKNOWN		
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTI	HER / UNKNOWN			9 - OTHER/UNKNOWN			
NARRATIVE					A	Indicate the north		
UNIT 1 WAS TRAVELING SOU	TH ON S WATER					direction with an "N" on the		
ST. IN THE LEFT LANE APPI					V	compass diagram.		
WILLIAMS ST. UNIT 2 WAS S	ANALYSIS SANTANANAN		745		ı (Â			
STOP SIGN ON E. WILLIAMS			MERST	i I i) Scale		
WATER ST. UNIT 2 ATTEMPT			WS SW	نطبنا	-	Scale		
LEFT TURN ON TO S. WATER	R ST. AND	W.WILLIAMSST.	1	- Unit 2	E.WI	LIAMSST.		
FAILED TO YIELD TO UNIT	1 CAUSING UNIT		- 	3	* -			
2 TO STRIKE UNIT 1.			•					
				j lj				
					. 1			
CRASH REPORTED DATE / TIME	ISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED DA		EPORT TAKEN BY		
0.6.0.7.2.0.2.4./.1.2.5.9.0.6.0.					1/1325 X	POLICE AGENCY MOTORIST		
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTE				BY OFFICER'S NAME* WAY. Joseph SUPPLEMENT				
	OFFICER'S BADGE NUM	MBER*		FFICER'S BADGE NU	JMBER*	(CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO ODPS)		
0 0 0 0 1 0 1 0 3	0 2 5 5	1 2		0	F 1			

LP STATE LICENSE PLATE #

K Y 9035FR

INSURANCE VERIFIED

INTERLOCK DEVICE EQUIPPED

UNITTYPE 4 - PICKUP

2

0.1

CARGO

BODY

TYPE

LOCATION

AT IMPACT

4

 0_1

ACTION 4- STRUCK

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)

204 CAYUGA RD ,LOŪISVILLE ,KY 40207

#OCCUPANTS

0,2

10 - MOPED OR MOTORIZED

11 - ALL TERRAIN VEHICLE

6 - BUS - CHARTER/TOUR

MOTORVEHICLE

7 - BUS - INTERCITY

9 - BUS - OTHER

4 - LOGGING

4 - BRAKES

5 - STEERING

6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER

4 - MIDBLOCK - MARKED

5 - TRAVEL LANE - OTHER LOCATION

CROSSWALK

1 - STRAIGHT AHEAD

6 - MAKING LEFT TURN

7 - LEFT OF CENTER

8 - FOLLOWING TOO CLOSE / ACDA

9-IMPROPER LANE CHANGE

10-IMPROPER PASSING

12 - IMPROPER BACKING

11 - DROVE OFF ROAD

2 - BACKING

PRE-CRASH 4 - OVERTAKING/PASSING

0 1 3 - CHANGING LANES

5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN

0

MODE LEVEL

2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE

9 - AUTOCYCLE

BICYCLE

(ATV/UTV)

7 - MOTORCYCLE 2-WHEELED

VEHICLE IDENTIFICATION #

Y₁S₁3₁E₁H5₁9₁G1₁3₁3₁0₁0₁7₁5₁6₁3

940122282

INSURANCE POLICY #

US DOT#

VEHICLE WEIGHT GVWR/GCWR

J 3 - >26K LBS

14 - SINGLE UNIT TRUCK

16 - FARM EQUIPMENT

15 - SEMI-TRACTOR

17 - MOTORHOME

0 - NO AUTOMATION

AUTONOMOUS 2 - PARTIAL AUTOMATION

11-FIRE

12 - MILITARY

CHASSIS

DEFECTIVE

B - SIDEWALK

10-PARKED

INTRAFFIC

PARKED POSITION

14 - STOPPED OR PARKED

15 - SWERVING TO AVOID

ILLEGALLY

16 - WRONG WAY

12 - DRIVERLESS 13 - IMPROPER START FROM A

13 - POLICE

1 - DRIVER ASSISTANCE

12 - GOLF CART

1 - ≤10KLBS.

2 - 10.001 - 26K LBS

BRUNNER, JOHN, C OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

INSURANCE COMPANY

TYPE OF USE

1 - PASSENGER CAR

0 1 2 - PASSENGER 3 - SPORT UTILITY VEHICLE

5 - CARGO VAN

6 - VAN (9-15 SEATS)

______ # OF TRAILING UNITS

1 - NONE

FUNCTION 4 - SCHOOL TRANSPORT

2 - BUS

VEHICLE 2 - HEAD LAMPS

DEFECTS 3 - TAIL LAMPS

0 1 2 - TAXI

COMMERCIAL GOVERNMENT RESPONSE

HIT/SKIP UNIT

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

1-YES 2-NO 9-0THER/UNKNOWN

SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE

1 - NO CARGO BODY TYPE

/ NOT APPLICABLE

1 - INTERSECTION - MARKED

1 - TURN SIGNALS

CROSSWALK

CROSSWALK

NON-MOTORIST 2-INTERSECTION - UNMARKED

1 - NON-CONTACT

& STRUCK

1-NONE

9-OTHER/UNKNOWN

2 - FAILURE TO YIELD

3 - RAN RED LIGHT

4 - RAN STOP SIGN

6-IMPROPERTURN

2 - FIRE/EXPLOSION

5 - CARGO / EQUIPMENT

25 - IMPACT ATTENUATOR

/ CRASH CUSHION

26-BRIDGE OVERHEAD

27 - BRIDGE PIER ORABUTMENT

STRUCTURE

28-BRIDGE PARAPET

30 - GUARDRAIL FACE

_ 29-BRIDGE RAIL

LOSS OR SHIFT

3 - IMMERSION

3-STRIKING

2 - NON-COLLISION

5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE

PROGRESSIVE

		0.2	
			CAL REPORT NUMBER
		$Z_1U_1Z_14_1-$	$0, 0, 0, 0, 8, 3, 5, 2, \dots$
Redacted per C	DRC 149.43(A)(1)		DAMAGE
		_ 1 - NONE	DAMAGE SCALE 3 - FUNCTIONAL DAMAGE
		3 2-MINOR I	
COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE		9 - UNKNOWN
			DAMAGED AREA(S)
VEHICLE YE		IND	ICATE ALL THAT APPLY
5,6,3,2,0,0,	3 Saab	12	12
COLOR	VEHICLE MODEL	12	11 12
WHI	9-5	10/ 0	2 10 11 1 2
TOWED BY: COMPAN	Y NAME	9 2 3	3 9 10 3
	US MATERIAL	8 4 -	
MATERIAL RELEASED	CLASS # PLACARD ID #	8 7 5	4 8 7 5 4
PLACARD	سبب س	7 6 5	12 7 6 5
18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	11 12 6
19-BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10/	11 1 2
20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	_	9 3 3
21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR	26 - BICYCLE 27 - TRAIN	9	9 1 3
ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 8 5 4
		12	7 6 5 12
2 CONDITIONS AND ASSESSED	O HINIANOMAN	11 12	6 11 12
3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	10 11 1	2 10 11 1 2
5 - FULL AUTOMATION		10 2	10 2
		9 3	3 9 9 3
16-FARM	21 - MAIL CARRIER	8 4 5	8 4 7
17 - MOWING	99 - OTHER / UNKNOWN	8 6	8 6
18 - SNOW REMOVAL 19 - TOWING		7 6	7 6 5
20 - SAFETY SERVICE PATROL		85	
8 - POLE	12 - CONCRETE MIXER	g State	12 12 12
9 - CARGO TANK	13 - AUTOTRANSPORTER	12	
10-FLAT BED	14-GARBAGE/REFUSE	R. R.	9 4 3 9 1 3 9 1 3
11-DUMP	99-OTHER / UNKNOWN		
9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6	
10 - DISABLED FROM PRIOR		400	6 6 6
ACCIDENT		☐ - NO DAMAG	E[0] - UNDERCARRIAGE [14]
9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER		1.000
10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	☐-TOP [13]	- ALL AREAS [15]
11-SHARED USE PATHS OR TRAILS	99-OTHER/UNKNOWN	П-ш	NIT NOT AT SCENE [16]
	10 100001000		
13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	18-APPROACHING OR LEAVING VEHICLE	1000 NOVE 1000 N	IAL POINT OF CONTACT
SPECIFIED LOCATION	19-STANDING	0 - NO DAM	
15 - WALKING, RUNNING,	20-OTHER NON-MOTORIST	A 0	ER TO UNIT 15 - VEHICLE NOT AT SCENE
JOGGING, PLAYING	21 - STANDING OUTSIDE	13-T0P	99 - UNKNOWN
16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99 - OTHER / UNKNOWN	2-101	
			TRAFFIC
17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL
18-OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
19-LOAD SHIFTING/FALLING/	ROADWAY	2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
SPILLING 20 - IMPROPER CROSSING	99-OTHER IMPROPER ACTION		25 / 46 / 15 (44 of 50 february 10 februar
ZU-IMPROPER CRUSSING		# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING
		. 4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE	_ -	3 - INVOLVED-PASSIVE CROSSING
17 - ANIMAL — FARM	EQUIPMENT		
18-ANIMAL - DEER	23 - STRUCK BY FALLING,	UNIT / N	ION-MOTORIST DIRECTION
19-ANIMAL - OTHER	SHIFTING CARGOOR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST
20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE	FROM 1 TO	
21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT		4 - WEST 8 - SOUTHWEST
- STRUCK	FA WARE TANK III		9 - OTHER / UNKNOWN
43 - CURB	50 - WORK ZONE MAINTENANCE		

14 - PUBLIC UTILITY 19-TOWING 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12-CONCE 9 - CARGO TANK 13-AUT0 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBA 7 - GRAIN/CHIPS/GRAVEL 99-0THE 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR ACCIDENT 9 - MEDIAN/CROSSING ISLAND 6 - BICYCLE LANE 12-FIRST AT INC 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99-OTHER 11 - SHARED USE PATHS OR TRAILS 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPRO ORLE 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 19-STAND SPECIFIED LOCATION 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, 20-OTHER JOGGING, PLAYING 21 -STAND 11 - SLOWING OR STOPPED 16-WORKING DISAE

SEQUENCE OF EVENTS 2 0 1 - OVERTURNIROLLOVER

CONTRIBUTING 5 - UNSAFE SPEED

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

11 - CROSS CENTERLINE -OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE

37 - TRAFFIC SIGN POST

SUPPORT

40 - UTILITY POLE

OR SUPPORT

42 - CULVERT

41 - OTHER POST, POLE

NON-COLLISION

TRANSPORT 21 - PARKED MOTOR VEHICLE COLLISION WITH FIXED OBJECT - STRUCK 43 - CURB 38 - OVERHEAD SIGN POST 44 - DITCH 39-LIGHT/LUMINARIES 45 - EMBANKMENT 46-FENCE

47 - MAILBOX

49-FIRE HYDRANT

48-TREE

BYA 24-OTHER 50 - WORK EQUIPMENT 51 - WALL 52 - BUILDING 53-TUNNEL 54 - OTHER FIXED OR JECT 99-OTHER/UNKNOWN

UNIT SPEED

0 2 5

POSTED SPEED

2 , 5

DETECTED SPEED 1 - STATED / ESTIMATED SPEED 1 2 - CALCULATED / EDR 3 - UNDETERMINED

HSY8304 OH1U 1/19 [760-0820]

LOCAL REPORT NUMBER

SWETT -	BLIC SAFETY UNI					2 0 2 4 - 0	$0_{+}0_{+}0_{+}0_{+}8_{+}3_{+}5_{+}2_{+}$			
Contract of the Contract of th	OWNER NAME: LAST, FIRS DAWSON, JA	MES, MIC		Redacted per	CLUDE AIEA CODE (SAME AS DRIVER) ORC 149.43(A)(1)	DAMAGE SCALE				
918 M	ODRESS: STREET, CITY, STATE, ONTICELLO CIAL CARRIER: NAME, ADDR	PL,EAST	LIVERPOOL,C		R PHONE: INCLUDE AREA CODE	3 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN DAMAGED AREA(S)				
	LICENSE PLATE # GCB5989		CLE IDENTIFICATION # $B_1E_1C_1S_1B_11_14_1S_1$	VEHICLE YI 1,1,1, 2,0,1		INDICATE ALL THAT APPLY				
INSURAL VERIFI			INSURANCE POLICY # 4477479044	BLK		11 12 1	10 12 1			
СОММЕ	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT # VEHICLE WEIGHT GVWR/GCWR	TOWED BY: COMPAN	OUS MATERIAL	9 10 2 3 4	3 9 10 2 3			
DEVICE EQUIP	E HIT/SKIP UNIT	T #OCCUPANTS O L	1 - ≤10KLBS. 2 - 10,001 - 26KLBS. 3 - >26KLBS.	MATERIAL RELEASED PLACARD	CLASS # PLACARD ID #	7 6 5	8 7 6 5			
	2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 1 4 - PICK UP 10 - MOPED OR MOTORIZED 1 5 - CARGO VAN BICYCLE 1		ED 13 - SNOWMOBILE 14 - SINGLE UNITTRUCK 15 - SEMI-TRACTOR	18-LIMO (LIVERY VEHICLE) 23-PEDESTRIAN / SKATER 19-BUS (16+ PASSENGERS) 24-WHEELCHAIR (ANY TYPE) 20-OTHER VEHICLE 25-OTHER NON-MOTORIST 21-HEAVY EQUIPMENT 26-BICYCLE 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27-TRAIN 99-UNKNOWN OR HIT/SKIP		12				
2	# of TRAILING UNITS WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNKN	? 0	1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	6 11 12 1				
0_1 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING	MODE LEVI 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11-FIRE 12-MILITARY 13-POLICE	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	9 9 3 4 7 5 5 4	3 8 7 6 8 7			
1 - NO CARGO BODYTYPE 3 - VEHICLE TOW		MOTORVEHICLE	R 5 - INTERMODAL CONTAINER 8 - POLE CHASSIS 9 - CARGO TANK 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 7 - GRAIN/CHIPS/GRAVEL 11 - DUNP		12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN	9 3 9 9 3 9 3 9				
	2 - HEAD LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN	6 □ - NO DAMAGE [0] D-UNDERCARRIAGE [14]			
NON-MOTORIST LOCATION AT IMPACT	CROSSWALK 2 - INTERSECTION - UNMARKED	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOC	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPOND 10 - DRIVEWAY ACCESS AT INCIDENT SC 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN		-TOP [13] -ALL AREAS [15]				
3 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING ACTION 4 - STRUCK 5 - BOTH STRIKING 4 - STRUCK 5 - BOTH STRIKING 8 STRUCK 6 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED INTRAFFIC	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APP ROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAMAG	TO UNIT 15 - VEHICLE NOT AT SCENE			
0 2 CONTRIBUTING CIRCUMSTANCES	1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA PARKED POSITION 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE ILLEGALLY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 11NG 5 - IMPROPER DAD 15 - SWERVING TO AVOID		ACDA PARKED POSITION E 14-STOPPED OR PARKED ILLEGALLY 15-SWERVING TO AVOID	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY # OF THROUGH LANES	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING			
SEQUENCE	6-IMPROPERTURN OF EVENTS	12 - IMPROPER BACKING	NON-COLLISION	E PRINCIPAL DE LA PRINCIPA DEPUNDA DE LA PRINCIPA		ON ROAD	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING			
1 2 0 2 3	2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE ION WITH FIXED OBJECT	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM 18 - ANIMAL — DEER 19 - ANIMAL — OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE - STRUCK 43 - CUBB	22-WORK ZONE MAINTENANCE EQUIPMENT 23-STRUCK BY FALLING, SHIFTING CARGOOR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT 50-WORK ZONE MAINTENANCE	UNIT/NO	3 - INVOLVED-PASSIVE CROSSING N-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SQUTH 6 - NORTHWEST 3 - EAST 7 - SQUTHEAST 4 - WEST 8 - SQUTHWEST 9 - OTHER / LNKNOWN			
5	25-IMPACT ATTENUATOR 31-GUARDRAIL END 37-TRAFFIC SIGN POST 43		44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE	EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	UNIT SPEED 0 1 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED				
6	29-BRIDGE RAIL 30-GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIE	OR SUPPORT R 42-CULVERT	49-FIRE HYDRANT	99-OTHER/UNKNOWN	2 5				

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

2 5

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
Management AIOIOKI21 / IAON-IAIOIOKI21								2 0 2 4 - 0 0 0 0 8 3 5 2						
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0,1									0 + 6 + 0 + 3 + 2 + 0 + 0 + 1 2 3 F					
	S: STREET, CITY, STATE, ZIP AORRIS RD, Kent, OH 44240								CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)					
0	S INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN							SAFETY FAILIDMENT	SEATING DOSITION AND DAG HEACE SECTION TRADDED					
1 5 I	TAKEN BY	Ems Adenor (NAME)		INJUNEDI	AKEN 10	MEDICALIACIENT	CHAME, CLITY	USED 0 4	MC HE	LMET 0	1	1	. 1	1
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITA	ATION NU	UMBER	
K, Y	REDAC	TED PER ORC 450	1:1-12				CODE	COLFORD WAS COLFUE AND A PROPERTY OF THE						
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS		RESULT	SELECTUPTO4
. 4 .		1	BY	1 .	=	LCOHOL MAR	RIJUANA	. 1	1	1	1	1		
UNIT #	NAME: LAST	FIRST, MIDDLE				3,1-4,5,1-4,0,5,0,5,0,5				DATE OF BIRT		,, <u> </u>	AGE	GENDER
. 0 . 2 .	DAWS	ON, NATHAN, JA	AMES						0 2	2 6 2	0 0	3 2	2.1.	M
ADDRESS:	STREET, CITY, S	STATE, ZIP						.5	CONTACT	PHONE - INCLUDE AF	EA CODE			
918 M	ONTIC	ELLO PL ,EAST	LIVE	RPO	OL,	OH 43920			Reda	acted per	ORC	: 149	9.43(A)(1) _,
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED	□DOT-C		a	AG USAGE	EJECTION	TRAPPED
<u> 5</u>	ВУ							_0_4_		TION CITATION NUMBER 27479				
OLSTATE		LICENSE NUMBER CTED PER ORC 450	1:1-12	OFFENS		RGED	CODE	OFFENSE DESC						
O H OL CLASS	ENDORSEMEN			331.1		OHOL / DRUG SUSPI	X	Operation of		COHOL TEST	27		TEST(S)
OL CLASS	SELECT UP TO 2			TRACTED	_		RIJUANA	CONDITION	STATUS T		STATUS	STATUS TYPE RESULT SELECT UP TO		
4		<u> </u>		1	0	THER DRUG		1	_1	1.	11	1	ے اے ا	لــالــالــ
UNIT #	NAME: LAST	, FIRST, MIDDLE								DATE OF BIRT	Н		AGE	GENDER
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ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT	PHONE - INCLUDE AF	EA CODE			
S INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME CITY)	SAFETY FAUIPMENT		SEATING POS	ITION AIR R	AG IISAGE	EJECTION	TRAPPED
NON	TAKEN BY	Zino Adenor Manier		INCORED.	ANEIL TO	. MEDIONE I NOILLI	CHAME, VI 17	USED	MC HE	DMPLIANT	Alk D	NO OSAUL	Lucuion	INAFFED
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	CRIPTION CITATION NUMBER					
							CODE							
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED		OHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS		RESULT	SELECT UP TO 4
			BY		=	LCOHOL MAF	RIJUANA				1		1 .	11 11 1
INJU	RIES	SEATING POSITION	A	IR BAG		OL CLASS	5	OL RESTRIC	TION(S)	DRIVER DISTR	ACTION	T	EST STA	
1 - FATAL	CEDIQUE INJUDY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		1 - NONE		
3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPER ELECTRONIC CON DEVICE (TEXTING	MUNICATION	3 - TEST	REFUSED GIVEN, CON	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRO	NT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARMWAIVER	L DILLE	DIALING)			PLE / UNU SA	BLE ULTS KNOWN
5 - NO APPAREN	I INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOTAPP 9 - DEPLOYI	MENT UNKNO	WN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS / 6 - EXCEPT CLASS /		3 - TALKING ON HAN COMMUNICATION		5 - TEST	GIVEN, RES	
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAN COMMUNICATION				TTVDE
/TREATED AT 2 - EMS	TSCENE	7 - THIRD – LEFT SIDE (M0TORCYCLE SIDE CAR)	1 NOTEJE	ECTION		OL ENDORSE!	MENT	8 - INTERMEDIATE RESTRICTIONS		5 - OTHER ACTIVITY ELECTRONIC DEV		1 - NONE	OHOL TES	ITTPE
3 - POLICE		8 - THIRD - MIDDLE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PASSENGER	.00	2 - BL00		
9 - OTHER / UNK	(NOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY 4-NOTAPP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACT INSIDE THE VEHI		3 - URIN 4 - BRE		
SUCH ENGLISHED AND RESIDENCE	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER			1150	Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRACT THE VEHICLE	ION OUTSIDE	5 - OTHE	ER	
1 - NONE USED 2 - SHOULDER B	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1- NOTTRA	PPED PPED	U==0	R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE		9 - OTHER / UNKNOW	N		UG TEST	TYPE
3 - LAP BELT ON	ILY USED	PICK-UP WITH CAP)	2 - EXTRICA			T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKI CONTROLS, OR O	ES, HAND	CONDITI	ON	1 - NONE 2 - BLOO		
	LAP BELT USED RAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	3- FREED B	Υ		X - TANKER / HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY NOR		3 - URIN		
FORWARD FA		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-ME	CHANICAL MI	EANS	GENDER		15 - MOTOR VEHICLE		2 - PHYSICAL IMPAIR 3 - EMOTIONAL (E.G.,		4 - OTHE		
REAR FACING	G	(NON-TRAILING UNIT)				F - FEMALE M - MALE		AIR BRAKES 16-0UTSIDE MIRRO	R	ANGRY, DISTURBED) 4 - ILLNESS		DOWN OF STREET	TEST RE	SULT(S)
7 - BOOSTER SE 8 - HELMET US		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC ALL		5 - FELL ASLEEP, FAI	NTED,	2 - BARE	BITURATES	
9 - PROTECTIVE	PADSUSED							18 - OTHER		6 - UNDERTHE INFLU			ZODIAZEPINI NABINOIDS	ES
(ELBOW, KNE 10 - REFLECTIVE										OF MEDICATIONS /ALCOHOL	URUGS	5 - COCA		
11 - LIGHTING - F										9 - OTHER/UNKNOW	V	6 - OPIA 7 - OTHE	TES / OPIOID	S
99 - OTHER / UNK													ATIVE RESUL	TS

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U	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER							
_		3520				71		2 0 2 4 - 0 0 0 0 8 3 5 2						
	UNIT#		T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
Ė.	01 KIRBY, OWEN, JEFFREY							0 5 2 2 2 0 0 2 2 2 M						
OCCUPANT	516 S LINCOLN ST, Kent, OH 44240								Redacted per ORC 149.43(A)(1)					
ō	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	5	BY					0_4	MC HELMET	$\begin{bmatrix} 0 & 3 \end{bmatrix}$	1	1_1_	_ 1		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE		×			DAT	E OF BIRTH		AGE	GENDER		
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0CCUPAN	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
00	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY			USED									
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
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PAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA GO	DE				
OCCUPANT											1			
Ĭ	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
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	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Ę														
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE				
200	INHIDIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (MANE CITY)	SAFETY EQUIPMENT		SEATING POSITION	TAID BAG USAGE	FIECTION	TRAPPEN		
	INJUNIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO. MEDICAL PAGILI	III CNAME, CITY	USED	DOT-COMPLIANT MC HELMET	SEATING FOSITION	AIR BAG OSAGE	ESECTION	IKAFFED		
		ILUI	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	100000000000000000000000000000000000000		AIR BAG U	SAGE			
	1 - FATA			1 - NONE US			T - LEFT SIDE		1 - NOT DE		1			
	2 - SUSI	PECTEDSE	RIOUS INJURY		OCCUPANT	(ER) 2 - DEPLOYED FRONT								
	3 - SUSI	PECTED MI	NOR INJURY		ER BELT ONLY USED		IT – MIDDLE IT – RIGHT SIDE	3 - DEPLOYED SIDE						
H	4 - POSS	SIBLE INJU	IRY		LT ONLY USED 4 - SECOND - LEFT SID (MOTORCYCLE PASS ESTRAINT SYSTEM - 5 - SECOND - MIDDLE				ED BOTH					
	5 - NO A	PPARENT	INJURY					ENGER)	FRONT/SIDE 5 - NOT APPLICABLE					
		INJURED	TAKEN BY		D FACING	6 - SECO	ND - RIGHT SI	Œ	9 - DEPLOYMENT UNKNOWN					
		TRANSPOR		6 - CHILD RI	ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE							
	2- EMS		CLINE	7 - BOOSTER			D - MIDDLE		1 - NOT EJECTED					
	3- POLI			8 - HELMET	USED		9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 2 - PARTIALLY EJECT					TED		
	9 - OTHI	ER / UNKNO	DWN		TVE PADS USED		11 - PASSENGER IN OTHER ENCLOSED 3 - TOTALLY EJECT							
		GEN	NDER		KNEES, ETC.) TVE CLOTHING		O AREA (NON-TE	PLICABLE	LE					
E	F-FEMA				G - PEDESTRIAN	12 - PASS	ENGER IN UNE							
	M - MALI	E :R / UNKNO	M/N	/ BICYCL			O AREA LING UNIT		1 - NOT TR	APPED				
	0-01112	.K7 OWKNO	WIN	99- OTHER /	UNKNOWN		IG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHAN MEANS		ECHANIC	CAL		
							TRAILING UNIT)			BY NON-ME	CHANIC	AL		
							R / UNKNOWN		MEANS					
	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
ESS										البال				
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Ц			102									<u> </u>		
SS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE								
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	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH	T	AGE	GENDER		
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