OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES	S MANDATORY FIELD	D FOR SUPPLEM	ENT REPORT	-	OCAL REPORT NUMBER	*
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION				$2 \cdot 0 \cdot 2 \cdot 3$	0 _ 0 _ 0 _ 1 _ 8	<u>8, 8, 5, 1,</u>
SECONDARY CRASH	REPORTING AGENCY NAME? City of Kent Poli			NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL
COUNTY* LOCALITY* LOCATION: CIT	ry, VILLAGE, TOWNSHIP*	ice	լՍլ	6,7,0,3	CRASH DATE /		1 99 - UNKNOWN
COUNTY* LOCALITY* LOCATION: CITY 6,7 1 2-VILLAGE X-TOWNSHIP Kent	i, viceac, iomonii				11262023	/1050 5 1	- FATAL
A N. NODTU	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DE	2	- SERIOUS INJURY SUSPECTED
S-SOUTH S-SOUTH S-SOUTH S-SOUTH W-WEST	MAIN			$\mathbf{S}_{\perp}\mathbf{T}_{\perp}$	41,153	8 2 0	- MINOR INJURY SUSPECTED
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH	REFERENCE ROAD NAME (RO	DAD, MILEPOST, HOU	ISE #)	ROAD TYPE	LONGITUDE D	Production and the critical Programmes	- INJURY POSSIBLE
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	LINCOLN			$\lfloor S \rfloor T \rfloor$	-8 ₁ 1 ₁ 3 ₁ 5 ₁ 0	8,0,0	- PROPERTY DAMAGE ONLY
REFERENCE POINT 1 - INTERSECTION 1 - NORTH IR	ROUTE TYPE - INTERSTATE ROUTE(TP)		ROAD TYPE W-HIGHWAY R	RD - ROAD		INTERSECTION RELATER RSECTION OR ON APPROA	
1 2-MILE POST 3 S-SOUTH US	- FEDERAL US ROUTE			GQ - SQUARE GT - STREET	_		
DISTANCE DISTANCE CR	- STATE ROUTE - NUMBERED COUNTY ROUTE	CR - CIRCLE 0	V - OVAL T	E - TERRACE	☐ WITHIN INTE	RCHANGE AREA NUM	BER OF APPROACHES
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR	- NUMBERED TOWNSHIP			L - TRAIL VA - WAY	D DOADWAY DI		
3 0 2 2-FEET 3-YARDS	ROUTE	HE - HEIGHTS PI	L - PLACE		ROADWAY DIV	/IDE0	
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVE		WANNER OF CRASH C		СТ	DIRECTION OF TRAVE		N TYPE
. 0 . 1 2 - ON SHOULDER 10-DRIVEWAY	//ALLEY ACCESS 7	TWO MOTOR	BACKING ANGLE		N - NORTH S - SOUTH	(<4 FEET	LUSH MEDIAN LUSH MEDIAN
4 - ON ROADSIDE 12-SHARED U	SE PATHS OR	TRANSPORT 7-	SIDESWIPE, SAMI		E - EAST W - WEST	(≥4 FEET	
6-OUTSIDE TRAFFIC WAY 13-BIKE LANG	E 3-1		OTHER / UNKNOV	Designation of the control of the co			RAISED MEDIAN
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER / U						9 - OTHER/UN	
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION	OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE
The state of the s	- LANE CLOSURE - LANE SHIFT/CROSSOVER	W	EFORE THE 1ST V VARNING SIGN		_1_	_1_	2
LAW ENFORCEMENT PRESENT	-WORK ON SHOULDER OR MEDIAN	The second second	DVANCE WARNIN RANSITION AREA	33	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,
	- INTERMITTENT OR MOVING W - OTHER		CTIVITY AREA ERMINATION ARI	EA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT
LIGHT CONDITION	\$2.5000000 14.00 24.00	ATHER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK
1 - DAYLIGHT	1-CLEAR	6 - SNOW			9-01HER/UNKNOWN	OIL, GRAVEL	4 - SLAG, GRAVEL, STONE
1 3 - DARK - LIGHTED ROADWAY	0 2 2 - CLOUDY 3 - FOG, SMOG, SM	7 - SEVERE CR IOKE 8 - BLOWING S		, snow		6-WATER (STANDING, MOVING)	5 - DIRT 9 - OTHER/UNKNOWN
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING 99 - OTHER / U	RAIN OR FREEZI INKNOWN	ING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	3-01HERONKNOWN
9 - OTHER / UNKNOWN	38 - 0963 (2000) (2000) (2000)	****				, on Electrical	
NARRATIVE						A	Indicate the north direction with
UNIT 2 WAS TRAVELING WE	STBOUND ON E.						an "N" on the compass diagram.
MAIN ST. NEAR LINCOLN S	ST. IN THE RIGHT	Т					
LANE. UNIT 1 WAS HEADIN	G WESTBOUND	ON					
E. MAIN ST. IN THE LEFT L	ANE AND			N.LINCOLNST	7 6		(Ž
IMPROPERLY CHANGED L	ANES INTO THE			OLNST.		No	ot To Scale
RIGHT LANE STRIKING UN	NIT 2.		-		43	Unit 2	
					_ = -	Unit 1	==
				<u>→</u>			
			-	4			
					1 1	E.MAINST.	
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIV	VAL DATE / TIME		SCENE CLEARED	DATE / TIME R	EPORT TAKEN BY
1,1,2,6,2,0,2,3,/,1,0,5,0,1,1,2	6,2,0,2,3,/,1,0,5	2 1 1 2 6 2	0,2,3,/,1	0,5,6,1	1,2,6,2,0,2	3/11/46	
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU		CRANT CI			CER'S NAME*	ᆜ片	SUPPLEMENT
		BADGE NUMBER*	LAN MIAO	•	Y OFFICER'S BADGE I	NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)
0 0 0 0 3 0 0 8	4 2 1 0)		2 1	3		

				LO	CALI	REPO	RT N	IUME	BER				
2	0	2	3	-	0	0	0	1	8	8	5	1,	
						MAG	AGI	=					
					DAI	MAGE	SCA	ALE					
	•	1 - NONE					3 - FUNCTIONAL DAMAGE						
_	2 - MINOR DAMAGE						4 - DISABLING DAMAGE						
					9.	HNK	NOW	N					

9 - UNKNOWN										
DAMAGED AREA(S) INDICATE ALL THAT APPLY										
10 11 12 1 12 1 12 1 1 12 1 1 1 1 1 1 1										
9 9 3 3 3 3 3 4 7 5 5 4 4 7 12 12 12 12 12 12 12 12 12 12 12 12 12										
10 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$										
□-NO DAMAGE [0] □-UNDERCARRIAGE [14] □-TOP [13] □-ALL AREAS [15]										
- UNIT NOT AT SCENE [16]										
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP										
TRAFFIC										
TRAFFIC CONTROL										

4	TRAF	FIC				
TRAFFICWAY FLOW		TRAFFIC CON				
1 - ONE-WAY 2 - TWO-WAY		1 - ROUNDABOUT 2 - SIGNAL	4 - STOP SIGN 5 - YIELD SIGN			
2 2-1 WO-WAY		3 - FLASHER	6 - NO CONTROL			
OF THROUGH LANES		RAIL GRADE CRO	DSSING			
4	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING					

UNIT / NON-MOTORIST DIRECTION

1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST FROM 3 TO 4 3 - EAST 7 - SOUTHEAST

	4 - WEST	9 - OTHER / UNKNOWN
UNIT SPEED 0 1 2 5	1 1-5	CTED SPEED TATED/ESTIMATED SPEED ALCULATED/EDR
POSTED SPEED 2 5	3 - U	NDETERMINED

OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER GERMAN, PHILIP, EDWARDS

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)

1608 MARINER RD ,LAKESIDE MARBLEHEAD ,OH 43440

OWNER PHONE: INCLUDE AREA COCE (X SAME) Redacted per ORC 149.43(A)(1)

COMMERCIAL CARRIER: NAME ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE **VEHICLE IDENTIFICATION #** LP STATE LICENSE PLATE # VEHICLE YEAR VEHICLE MAKE 2 0 2 1 Ram O H JKL8308 1, C, 6, S, R, F, U, 9, X, MN 9, 0, 4, 5, 1, 4 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL STATE FARM BLK196537531 **1500** TYPE OF USE US DOT# TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS. HIT/SKIP UNIT 2 - 10,001 - 26K LBS. 0,2PLACARD J 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 0 4 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 9 - AUTOCYCLE 14- SINGLE UNITT 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 -TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) 00 # OF TRAILING UNITS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 AUTONOMOUS 2 - PARTIAL AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 16-FARM 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 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 1 / NOT APPLICABLE MOTORVEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL TYPE 11-DUMP 99-OTHER / UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR VEHICLE 2 - HEAD LAMPS 5 - STEERING DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER 9 - MEDIAN/CROSSING ISLAND 1-INTERSECTION - MARKED 6 - BICYCLE LANE 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED 99 - OTHER / UNKNOWN CROSSWALK B - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 0 3 3 - CHANGING LANES 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 3___ 3-STRIKING 19-STANDING SPECIFIED LOCATION 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10-PARKED JOGGING, PLAYING 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS 13 - IMPROPER START FROM A 1-NONE 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY 7 - LEFT OF CENTER PARKED POSITION 18-OPERATING DEFECTIVE 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 14 - STOPPED OR PARKED EQUIPMENT 0 9 3-RAN RED LIGHT 23 - OPENING DOOR INTO 9-IMPROPER LANE CHANGE ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 15 - SWERVING TO AVOID CONTRIBUTING 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 - OVERTURNIROLLOVER 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 TRAVEL 23 - STRUCK BY FALLING 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGOOR 19-ANIMAL - OTHER 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN

25 - IMPACT ATTENUATOR / CRASH CUSHION 32 - PORTABLE BARRIER 26-BRIDGE OVERHEAD STRUCTURE 34 - MEDIAN GUARDRAIL 27 - BRIDGE PIER ORABUTMENT BARRIER 28-BRIDGE PARAPET _ 29-BRIDGE RAIL

5 - CARGO / EQUIPMENT

LOSS OR SHIFT

31 - GUARDRAIL END 33 - MEDIAN CABLE BARRIER 35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

10 - CROSS MEDIAN

15-PEDALCYCLE COLLISION WITH FIXED OBJECT - STRUCK 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39-LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT

14-PEDESTRIAN

42 - CULVERT

43-CURB 44 - DITCH 45 - EMBANKMENT 46-FENCE 47 - MAILBOX 48-TREE 49-FIRE HYDRANT

TRANSPORT

21 - PARKED MOTOR VEHICLE

24 - OTHER MOVABLE OBJECT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51-WALL 52 - BUILDING 53-TUNNEL 54 - OTHER FIXED OR JECT 99-OTHER/UNKNOWN

BY A MOTOR VEHICLE

HSY8304 OH1U 1/19 [760-0820]

30 - GUARDRAIL FACE

LOCAL REPORT NUMBER

w	O IVA						2 0 2 3 -	0_($0_{\perp}0_{\perp}1_{\perp}8_{\perp}8_{\perp}5_{\perp}1_{\perp}$
UNIT #	OWNER NAME: LAST, FIRE	ST, MIDDLE (X SAME AS DRIVER) ELLE, MAR	TE .	OWNER P Redact	HONE: INCLUDE	RC 149.43(A)(1)			MAGE
	DRESS: STREET, CITY, STATE		IE.	1.10000		110 110110(11)(11)	1 - NONE	DAMA	GE SCALE 3 - FUNCTIONAL DAMAGE
		Ravenna ,OH	44266				3 2-MINOR)AMAG	
COMMERC	CIAL CARRIER: NAME, ADDR	RESS, CITY, STATE, ZIP	HONE: INCLUDE AREA CODE		10 100	KNOWN			
I D STATE		VEHIOLE	IDENTIFICATION #	L	UIOLE VEAL	L MENTON E MANYE			ED AREA(S) ALL THAT APPLY
O H	JWQ6069		5,1,A,H5,6,9,		$_{ot}^{ot}$ $_{ot}^{ot}$ $_{ot}^{ot}$ $_{ot}^{ot}$ $_{ot}^{ot}$		12		12
INSURAI VERIFI	NCE INSURANCE COMP	PANY	SURANCE POLICY #		COLOR	VEHICLE MODEL	11 12		11 12
VERIFI	TYPE OF USE	ERG MUTUS	W3401962578-6 US DOT #		LU Y: company p	CIVIC	10 11 1	2	10 11 1 2
COMME		IN EMERGENCY RESPONSE	05001#	TOWEDB	1: CUMPANY I	NAME	9 9 3	3	9 3
INTER			HICLE WEIGHT GVWR/GCWR	TAM I	HAZARDOUS	S MATERIAL ASS # PLACARD ID #	T 0 4 -	<i>7.</i>	8 4 7
DEVICE	PED HIT/SKIP UNI	T . 0 . 4	1 - ≤10KLBS. 2 - 10,001 - 26KLBS	I H REL	CARD	5000 = 40 50 40 70	6	4	8 6
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS. 12-G0LF CART	18 - LIMO (LIVERY		3 - PEDESTRIAN / SKATER	6 5	11	12 7 6 5
0.1				19 - BUS (16+ PASS		4-WHEELCHAIR (ANYTYPE)	10 /	11	1 2
UNITTYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		20 - OTHER VEHICL		5-OTHER NON-MOTORIST		10	2
O. I. I. I. I.	5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY EQUIPN 22 - ANIMAL WITH		6-BICYCLE 7-TRAIN	•	9 8	11 4 J
08.000	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAW	WILLELIAN E	9-UNKNOWN OR HIT/SKIP	8	7	5 4
_00	# of TRAILING UNITS	MITTOTO					12	7	5 12
	WAS VEHICLE OPERATING IN AU		0 - NO AUTOMATION	3 - CONDITIONAL A	AUTOMATION S	- UNKNOWN	11 12	•	11 12
2	MODE WHEN CRASH OCCURRED	0	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMAT			10 11 1	2	10 11 1 2
	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUTOMAT	TION		9 9 3	3	9 3
	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM	2	1 -MAIL CARRIER	8 4	1	8 4 7
[0,1]	2 - TAXI	7 - BUS - INTERCITY		17 - MOWING		9-OTHER/UNKNOWN	8 6 5	4	8 6 5 4
	3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	9 - BUS - OTHER		18 - SNOW REMOVA 19 - TOWING	AL.		7 6		7 6
1011011011	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVI	ICE PATROL			12	12 12
0.1	1 - NO CARGO BODY TYPE		0111.0010	8 - POLE		2 - CONCRETE MIXER	12	1	1 📻
CARGO	/ NOTAPPLICABLE 2 - BUS	MOTORVEHICLE 4 - LOGGING		9 - CARGO TANK 10 - FLAT BED		3-AUTOTRANSPORTER 4-GARBAGE/REFUSE	~ 8.8 ~	1	
BODY Type			7 0041110110010001101	11-DUNP		9-OTHER / UNKNOWN	9 6 3	9	e 3 9 T 3 9 🗯 3
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBL	LE 9	9-OTHER / UNKNOWN	6	T	00
	2 - HEAD LAMPS	5 - STEERING		10 - DISABLED FRO	OM PRIOR			6	6 6
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT			☐-NO DAMAGE	[0]	- UNDERCARRIAGE [14]
T	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER		9 - MEDIAN/CROSS		2 - FIRST RESPONDER AT INCIDENT SCENE			
NON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE B - SIDEWALK	10 - DRIVEWAY ACC 11 - SHARED USE P	Military and the same	9-OTHER/UNKNOWN	☐- TOP [13]		- ALL AREAS [15]
AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATION	5 - SIVETIMEN	TRAILS	ATTIO OIL		□ - Ut	NIT NO	TAT SCENE [16]
	1-NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING	A CURVE]	8-APPROACHING	INIT	IAL PO	INT OF CONTACT
. 4	2-NON-COLLISION 3-STRIKING 0 1	2 - BACKING		14 - ENTERING OR (SPECIFIED LOC		OR LEAVING VEHICLE 9-STANDING	0 - NO DAM		14 - UNDERCARRIAGE
ACTION	4 - STRUCK PRE-CRASH			15 - WALKING, RUN	INING, 2	0-OTHER NON-MOTORIST	0 8 1-12 - REFE		NIT 15 - VEHICLE NOT AT SCENE
	5 - BOTH STRIKING ACTIONS & STRUCK		11 - SLOWING OR STOPPED INTRAFFIC	JOGGING, PLAY 16 - WORKING	ring 2	21 - STANDING OUTSIDE DISABLED VEHICLE	13-TOP	TO-CHIII	99 - UNKNOWN
	9-OTHER/UNKNOWN	6 - MAKING LEFT TURN	INTRACTIC	17 - PUSHING VEHI	ICLE 9	9-OTHER / UNKNOWN		TR	AFFIC
	1-NONE	7 - LEFT OF CENTER		17 - VISION OBSTRU	UCTION 2	1 -LYING IN ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL
F221 5363	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	PARKED POSITION 14 - STOPPED OR PARKED	18-OPERATING DE EQUIPMENT		2-NOT DISCERNIBLE	1 - ONE-WAY		1 - ROUNDABOUT 4 - STOP SIGN
$\lfloor 0 \rfloor 1$	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	ILLEGALLY	19 - LOAD SHIFTING		3 - OPENING DOOR INTO ROADWAY	2 - TWO-WAY	, 2	2 - SIGNAL 5 - YIELD SIGN
CONTRIBUTING	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	SPILLING 20 - IMPROPER CRO		9-OTHER IMPROPER ACTION	_		3 - FLASHER 6 - NO CONTROL
	6-IMPROPERTURN	12 - IMPROPER BACKING	10 mond ma	20 - IMPROPER CRO	USSING		# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING 1 - NOT INVOLVED
SEQUENCE	OF EVENTS		NON-COLLISION				4	, 1	2 - INVOLVED-ACTIVE CROSSING
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE —	16 - RAILWAY VEHI		2 - WORK ZONE MAINTENANCE			3 - INVOLVED-PASSIVE CROSSING
	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	17 - ANIMAL — FAF 18 - ANIMAL — DER		EQUIPMENT 3-STRUCK BY FALLING,	UNIT / N	ON-MO	TORIST DIRECTION
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL — OTH	HER	SHIFTING CARGOOR ANYTHING SET IN MOTION			1 - NORTH 5 - NORTHEAST
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14 - PEDESTRIAN	20 - MOTOR VEHICL TRANSPORT		BY A MOTOR VEHICLE 4-OTHER MOVABLE OBJECT	FROM 3 TO	4	2 - SOUTH 6 - NORTHWEST 1 3 - EAST 7 - SOUTHEAST
3	FOSSON SHIFT			21 - PARKED MOTO	RVEHICLE		10		4 - WEST 8 - SOUTHWEST
	25 - IMPACT ATTENUATOR	COLLISION 31-GUARDRAIL END	N WITH FIXED OBJECT 37-Traffic Sign Post	- STRUCK 43-CURB		O - WORK ZONE MAINTENANCE			9 - OTHER / UNKNOWN
4	/ CRASH CUSHION 26-BRIDGE OVERHEAD	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH		EQUIPMENT	UNIT SPEED		DETECTED SPEED
5	STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT 46 - FENCE		il-WALL i2-Building	0,2,5		1 - STATED / ESTIMATED SPEED
	27 - BRIDGE PIER ORABUTMENT 28 - BRIDGE PARAPET	BARRIER	40 - UTILITY POLE	47 - MAILBOX		3-TUNNEL	0 2 0		2 - CALCULATED / EDR
6	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48-TREE 49-FIRE HYDRANT		4-OTHER FIXED OBJECT 19-OTHER / UNKNOWN	POSTED SPEED		3 - UNDETERMINED
	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT				2 5		

2 5

OHIO DE	PARTMENT M	OTORIST / NO	N-M	Ιστο	DIC	т				LOCAL R	EPORT NU	MBER			
SAPETY - MENY	nce - PROTECTION	010K131 / 140) 4 - V	1010	KIS				$2 \cdot 0$	2 3 - 0	$0_\perp 0_\perp$	1 8	1815	_1	
UNIT#		, FIRST, MIDDLE	130000 - 2000000	PACK .					DATE OF BIRTH AGE GENDER						
		IAN, PHILIP, ED	WARD	S					1,2,2,9,1,9,6,9,5,3, M						
	S: STREET, CITY, STATE, ZIP MARINER RD ,LAKESIDE MARBLEHEAD ,OH 43440							CONTACT PHONE - INCLUDE ABEA CODE Redacted per ORC 149.43(A)(1)							
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	- DOT-Co	SEATING POSIT	TION AIR BA	G USAGE	EJECTION	TRAPPED	
<u>5</u>	BY							USED 0 4	□ MC HE	LMET 0 1		1	_1_	_1_	
OL STATE		LICENSE NUMBER CTED PER ORC 450	11.1 12	OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION	1.0		TION N	UMBER		
O H	KEDAC	JIED PER ORG 450	71.1-12	331.0	98		X	Driving in Ma			271				
OL CLASS	ENDORSEMEN SELECT UP TO 2		DIS	VER TRACTED	_	OHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS	TYPE	RESULT	SELECTUPTO4	
. 4 .			BY	1	=	LCOHOL MAI	RIJUANA	1 1	. 1	1	1.	1			
UNIT #	NAME: LAST	FIRST, MIDDLE			<u> </u>	THEN DIVO				DATE OF BIRTH		౼	AGE	GENDER	
0.2.	20.000.000.000.000.000.000	ES, NOELLE, M.	ARIE						. 0 . 1	10 111	9.9.	92	2.4	. F .	
	: STREET, CITY, S								75	PHONE - INCLUDE ARE					
746 E	RIDDL	E AVE ,Ravenna	OH 4	4266					Reda	acted per (ORC	149	.43(A	.)(1)	
0	INJURED	EMS AGENCY (NAME)			AKEN TO	MEDICAL FACILITY	(NAME, CITY)		DOT-C:	SEATING POSIT				, , ,	
9 5	TAKEN BY							USED 0 4	MC HE		- 1	1 ,	1 ,	1	
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UNIT#	NAMF-LAST	FIRST, MIDDLE		1	Ц °	THER DRUG				DATE OF BIRTH			AGE	GENDER	
	TOTAL CASE	, into / model								DATE OF DATE:	1727 27	22131			
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT	PHONE - INCLUDE ARE	A CODE				
TORI											1		- 1		
INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		DОТ-C	SEATING POSIT	TION AIR BA	G USAGE	EJECTION	TRAPPED	
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OL CLASS	ENDORSEMEN SELECT UP TO 2		DIS	VER Tracted		OHOL / DRUG SUSPI		CONDITION	STATUS T	YPE VALUE	STATUS	TYPE	RESULT	SELECTOP TO 4	
.			BY		=	LCOHOL MAI THER DRUG	RIJUANA							11 11 1	
INJU	JRIES	SEATING POSITION	A	IR BAG		OL CLAS	s	OL RESTRIC	TION(S)	DRIVER DISTRA	CTION	1	EST STA		
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED			E GIVEN		
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 OPERAT ELECTRONIC COMM	IUN)CATION		FREFUSED FGIVEN, CON	TAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		DEVICE (TEXTING, DIALING)	IYPING,		PLE / UNUSA	BLE ULTS KNOWN	
5 - NO APPAREN	NT INJURY	(M0TORCYCLE PASSENGER)	5-NOTAPP	LICABLE MENT UNKNO	WN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3 - TALKING ON HANDS COMMUNICATION D		5 - TEST	GIVEN, RES		
	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND- COMMUNICATION D		UNK	NOWN		
1 - NOT TRANSP /TREATED A	Part Control of the Control	7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY W	ITH AN	ALCO 1 - NONI	OHOL TES	T TYPE	
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE	1 NOTEJE	CTED LY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9-LEARNER'S PER	MIT	6 - PASSENGER	E	2 - BL00			
9-OTHER/UNK	CNOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY			P - PASSENGER		RESTRICTIONS		7 - OTHER DISTRACTIO		3 - URIN			
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4-NOTAPP	LICABLE		N - TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICL 8 - OTHER DISTRACTION		4 - BREA			
1 - NONE USED	Control of the state of the sta	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE 9 - OTHER / UNKNOWN		DR	UG TEST	TYPE	
2 - SHOULDER E 3 - LAP BELT ON	BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRA 2 - EXTRICA			S - SCHOOL BUS		13 - MECHANICAL D (SPECIAL BRAK			12.480	1 - NON			
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED	MECHAN	ICAL MEANS		T - DOUBLE & TRIPLE X - TANKER / HAZMAT		CONTROLS, OR O ADAPTIVE DEVI		1 - APPARENTLY NORM		2 - BL00			
5 - CHILD REST FORWARD FA	RAINT SYSTEM - ACING	CARGO AREA 13 - TRAILING UNIT	3- FREED B NON-ME	Y Chanical Me	ANS		hier hips	14 - MILITARY VEHI		2 - PHYSICAL IMPAIRM	IENT	4 - OTHE			
6 - CHILD REST	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	2 MILHOUT	3 - EMOTIONAL (E.G., DE ANGRY, DISTURBED)	PRESSED,	DRUG	TEST RE	SULT(S)	
REAR FACIN 7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO		4- ILLNESS		1 - AMP	HETAMINES		
8 - HELMET US	ED	99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER		5 - FELL ASLEEP, FAINT FATIGUED, ETC.	IED,		BITURATES Zodiazepini	ES	
9 - PROTECTIVE (ELBOW, KNI										6 - UNDERTHE INFLUE OF MEDICATIONS / E			NABINOIDS		
10 - REFLECTIVE										/ALCOHOL		5 - COCA	AINE TES/OPIOID	c	
11 - LIGHTING - / BICYCLE OF										9- OTHER/UNKNOWN		7 - OTHE			
99 - OTHER / UNK	(NO₩N											8 - NEG	ATIVE RESUL	TS	

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Ū	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER 2						
_		750				(1)		$2 \cdot 0 \cdot 2 \cdot 3$	0_0	0,1,8	8.5	=		
	UNIT#		T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
L	_01_	2-12-010-010-010-01	MAN, JODI, RI	EDMOND				0 9 0 9 1 9 7 0 5 3 F						
OCCUPANT		: street, gity, MARIN	ert che na filosopi	ESIDE M.	ARBLEHEAD ,OI	H 43440		Redacted per ORC 149.43(A)(1)						
ō	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED					
-	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	T	AGE	GENDER		
H	02		NES, ALISON,	MARIE				0 3 1		7.5	4.8	F		
ANT		STREET, CITY,						CONTACT PHONE						
0CCUPANT	The second second		LE AVE ,Raver	nna ,OH 4	(C. 10 (-) 1 (-) (-) (-)	, , , ,	LOAFETY FAUTAMENT	Redacte	ed per C					
200	_5_	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	USED 0 4	DOT-COMPLIANT MC HELMET	0 4	1	1	1		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
	∟02	HAYN	ES, EMMA, K	CATHERI	NE			1 1 1 1	5 2 0	0 _ 2	2 1	F		
ANT	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE						
OCCUPANT	746 E	RIDDL	E AVE ,Raven	na ,OH 44	266			Redacted	d per OR	C 149.4	3(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 USAG	EJECTION	TRAPPED		
ı	_5_	BY 1					0_4	MC HELMET	$\begin{bmatrix} 0 & 6 \end{bmatrix}$	1	1_1_	_ 1		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
L	02	HAYN	IES, CARALIN	ND, JUNE				1 1 2	6	1 2	1,1,	F		
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
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0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED		
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			JRIES		EQUIPMENT USED		SEATING POS	ITION		AIR BAG L	SAGE			
	1 - FATA		DIOUG IN HURY	1 - NONE US VEHICLE	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	ER)	1 - NOT DE					
			RIOUS INJURY NOR INJURY	2 - SHOULDI	2 - SHOULDER BELT ONLY USED 2 - FRONT - MIDDLE				2 - DEPLOYED FRONT 3 - DEPLOYED SIDE					
		SIBLE INJU		3 - LAP BEL	T ONLY USED									
		PPARENT		4 - SHOULDI	4 - SHOULDER & LAP BELT USED 4 - SECOND - LE (MOTORCYCI				FRONT/SIDE					
			新疆域域		ESTRAINT SYSTEM – D FACING		PLICABLE							
	1 NOT	TRANSPOR	TAKEN BY		ESTRAINT SYSTEM –	Œ	KNOWN							
		EATED AT S		REAR FA			E CAR) EJECTION							
	2 - EMS			7 - BOOSTER	SEAT	8 - THIR 9 - THIR		ECTED						
	3 - P0L1	ICE		8 - HELMET	USED		F TRUCK CAB	LLY EJECT	ED					
	9 - OTH	ER / UNKNO	DWN		TVE PADS USED KNEES, ETC.)		ENGER IN OTH							
		GEN	IDER		TVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAE	A STATE OF THE PARTY OF THE PAR	4 - NOT APPLICABLE					
Ŋ	F - FEMA			11 - LIGHTIN	G - PEDESTRIAN		ENGER IN UNE	NCLOSED						
E		R / UNKNO	WN	/ BICYCL			LING UNIT		1 - NOT TRAPPED					
	99 - OTHER /			99- OTHER/	UNKNOWN		NG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANIC MEANS			JAL		
						15 - NON-	MOTORIST		3 - FREED MEANS	BY NON-M	CHANIC	AL		
	NAME	ST, FIRST, MIDD	(F			99 - OTHE	.K / UNIKNOWN	DAT	E OF BIRTH		AGE	GENDER		
SS		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									1 1			
WITNESS	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE L				
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	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
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WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
s	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	Annerse	· SIDEET CITY	STATE 71D					CONTACT PHONE		DE L	1 1 3			
MI	ADDRESS: STREET, CITY, STATE, ZIP						SONTAGI PHONE	- INGLUDE AREA CO). 	1 1	1 1			

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