OHIO DEPARTMENT OF PUBLIC SAFETY SERVES PROTECTION	RAFFIC CRAS	LOCAL REPORT NUMBER*										
TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLIED FOR SUPPLIE							2,0,2,1,-,0,0,0,1,					
SECONDARY CRASH	☐ 0H-1P ☐ 0TH	RTING AGENCY NAME		*****	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
	PRIVATE PROPE	RTY Cit	y of Kent Pol	ice	101	6 7 0 3	1 - SOLVED 0 2 98 - ANIMAL 2 - UNSOLVED 0 1 99 - UNKNOW					
COUNTY* LOCALITY*				CRASH DATE / 1	CRASH DATE / TIME* CRASH SEVER							
6 7 1 3-T	OWNSHIP Kent						10,7,0,7,2,0,2,1,	5 2-SERIOUS INJURY				
ROUTE TYPE ROUTE NU			ROAD TYPE	LATITUDE DE	SUSPECTED							
	3-EAS	ST I AL	RCHILD			A, V	41,158	3 - MINOR INJURY SUSPECTED				
ROUTE TYPE ROUTE NU	2- SOU	TH	RENCE ROAD NAME (R	OAD, MILEPOST, F	IOUSE #)	ROAD TYPE	LONGITUDE DE	4 - INJURY POSSIBLE				
23	3- EAS	T WA	TER			ST	-811 0 3 5 8	1 3 0	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE	44	ROUTE TYPE	AL ALLEY	ROAD TYPE HW-HIGHWAY F	D 2010	l	RELATED				
1 2-MILE POST	1 - NORTH 2 - SOUTH		RAL US ROUTE	AL - ALLEY AV - AVENUE		RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3-HOUSE #	3-EAST 4-WEST	SR - STATE		BL - BOULEVARD		T - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE	ISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CR - CIRCLE						ROADWAY					
2.0	1-MILES TR-NUMBERED TOWNSHIP DR-DRIVE PI -PIKE WA							ROADWAY DIVIDED				
2,0,	2 3-YARDS			HE - HEIGHTS	PL - PLACE							
1 - ON ROADWAY	I OF FIRST HARMFUL I Y 9 - CROSS		I		H COLLISION/IMPA 4 - REAR-TO-REAR	СТ	DIRECTION OF TRAVE	⁻	MEDIAN TYPE - DIVIDED FLUSH MEDIAN (< 4 FEET)			
0 1 2-ON SHOULDE		WAY/ALLEY	ACCESS	BETWEEN TWO MOTOR	5 - BACKING		1 - NORTH 2 - SOUTH	(<				
3-IN MEDIAN 4-ON ROADSID		/AY GRADE (ED USE PATI		VEHICLES IN	6 - ANGLE 7 - SIDESWIPE, SAMI	E DIRECTION	3- EAST		VIDED FLUSH MEDIAN :4 FEET)			
5 - ON GORE	TRAIL AFFIC WAY 13-BIKE		I		8 - SIDESWIPE, OPPO		4-WEST	1	VIDED, DEPRESSED MEDIAN VIDED, RAISED MEDIAN			
7 - ON RAMP	14-TOLL	BOOTH		HEAD-ON	9 - OTHER / UNKNOV	VIV		(A	NY TYPE)			
8 - OFF RAMP	99-0THEI	R / UNKNOW	N					9 - OT	- OTHER/UNKNOWN			
WORK ZONE RELAT	ED	WOR 1 - LANE (K ZONE TYPE		ON OF CRASH IN WO - BEFORE THE 1ST		CONTOUR	CONDITION				
WORKERS PRESENT	т		SHIFT/CROSSOVER		WARNING SIGN		2	1	2			
LAW ENFORCEMEN	T PRESENT	3 - WORK	ON SHOULDER DIAN		- ADVANCE WARNIN - TRANSITION AREA		1 - STRAIGHT LEVEL	1 - CONCRETE				
ACTIVE SCHOOL ZO	ALE.		MITTENT OR MOVING V		- ACTIVITY AREA		2 - STRAIGHT GRADE	2 - BLACKTOP, BITUMINOUS,				
ACTIVE SCHOOL 20	IN E	5 - OTHER		5	-TERMINATION AR	EA	4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT 3 - BRICK/BLOCK			
LIGHT C	ONDITION			ATHER			9 - OTHER/UNKNOWN	5 - SAND, MUD, D OIL, GRAVEL	IRT, 4 - SLAG, GRAVEL,			
2 - DAWN/DUSK		0.0	1-CLEAR 1 2-CLOUDY	6 - SNOW 7 - SEVERE	CROSSWINDS			6 - WATER (STAN	DING, 5-DIRT			
3 - DARK - LIGHT 4 - DARK - ROAD		IG SAND, SOIL, DIRT NG RAIN OR FREEZI			MOVING) 9-OTHE							
5 - DARK – UNKN	IOWN ROADWAY LIGH	ring	4 - RAIN 5 - SLEET, HAIL		/ UNKNOWN	NG DRIZZEE		9 - OTHER/UNKNI	DWN			
9 - OTHER / UNK	NOWN											
NARRATIVE									Indicate the north direction with			
Unit 2 was	stopped eastl	bound	on Fairchild	Ave at N	an "N" compa							
Water St in th	e right turn	lane. U	Jnit 1 was					_				
eastbound on				in					1 00			
time for Unit					NOT TO SCALE							
time for Onit	ır.	. J. Co.										
		FAIRCHILD AVE. (BRIDGE)										
					TRAFFIC BIGNAL WATER							
					W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.							
					The state of the s							
					Ŷ							
								1				
CRASH REPORTED D	DATE / TIME	DISPAT	TCH DATE / TIME	RIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY				
0,7,0,7,2,0,2,1	/ 1 0 2 8 0	7 0 7 2	0,2,1,/,1,0,3	2 ₊ 0 ₊ 2 ₊ 1 ₊ / ₋ 1	2 0 2 1 1 1 1 0 4 5 0 0 7 0 7 2 0 2 1 1 1 1 0 5 POLICE AGEN							
TOTAL TIME ROADWAY CLOSED INVE	OTHER	TOTAL INUTES	OFFICER'S NAME*		Cı	MOTORIST						
	N/	140153	Darrah, Ben	•	Wheeler, George CHECKED BY OFFICER'S BADGE NUMBER* SUPPLEME 1CORRECTION 1C AM EXISTING MAPPL							
O O O O O O O O O O O O O O O O O O O												

HSY8304 OH1U 1/19 [760-0820]

1 MOST HARMFUL EVENT

☐ FIRST HARMFUL EVENT

HSY8304 OH1U 1/19 [760-0820]

STATE OF PUBLIC BARRETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
							2 0 2 1 - 0 0 0 1 0 9 2 4							
UNIT#								DATE OF BIRTH AGE GENDER						
	0 1 RITTENHOUSE, RYAN, GABRIEL									0 9 / 0 2 / 1 9 8 1 3 9 M				
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP 1041 MIDDLECOFF DR ,Akron ,OH 44313 INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 10 4								<u></u>						
INJURIES	ITAKEN I					NJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED				DOT-COMPLIANT DOT-COMPLIANT				
	5 BY				0,4				MC HELMET 0 1			1 1 1		
ž.	OL STATE OPERATOR LICENSE NUMBER					333.03 LOCAL OFFENSE						ITATION NUMBER		
O, H	ENDORSEMENT	NDORSEMENT RESTRICTION SELECT UP TO 3 E			333.U3 X			CONDITION		HOL TEST	14992 DRUG TEST(S)			
ar ornoo	SELECT UP TO 2	NESTRISTION SELECT		TRACTED		LCOHOL MAI		CONDITION	STATUS TYP				T SELECT UP TO 4	
4			_	1	01	THER DRUG		1	_1_1		1 1		H H 1	
UNIT #	NAME: LAST, F	FIRST, MIDDLE					DATE OF BIRTH AGE GENDE							
0.2	VON, C	SINA, MARIE							0 8 / 1 9 / 1 9 7 6 4 4 F					
ADDRESS:	STREET, CITY, ST.	i i							CONTACT P	HONE - INCLUDE AREA CO	ODE			
2677 I	ELLSW	ORTH DR ,HUD	SON ,	OH 44	236				1					
2677 I	S INJURED EMS AGENCY (NAME) TAKEN			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT				DOT-COMPLIANT SEATING POSITION AIR BAG USAGE E.			GE EJECTION	TRAPPED		
\ <u> </u>	BY L							0_4	MC HELI	MET 0 1	1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION		CITATION	NUMBER		
OL STATE) Fugg											reach.		
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	ALCO STATUS TYP	HOLTEST VALUE		UG TEST(S PE RESULT	T SELECT UP TO 4	
4	l		, I BT	1		THER DRUG	ANAUGN	. 1 .	1 1		1			
UNIT#	NAME: LAST, F	T, FIRST, MIDDLE							DATE OF BIRTH AGE			GENDER		
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
JTOR														
ADDRESS:	INJURED I	EMS AGENCY (NAME)		INJURED I	AKEN 10:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Com	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED	
0N	BY		USED				MC HELMET							
OL STATE	OPERATOR L	R LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFE			OFFENSE DESC	CRIPTION CITATION NUMBER					
OL STATE														
OL CLASS	SELECT UP 102	RESTRICTION SELECT		VER TRACTED		COHOL MAR	ECTED RIJUANA	CONDITION	ALCO STATUS TYP	HOLTEST VALUE S	DR STATUS TY	UG TEST(S PE RESULT) T Select Dride	
, ,						THER DRUG	AIJUANA		ll.					
INJU	RIES	SEATING POSITION	A	IR BAG		OL CLASS	5	OL RESTRIC	TION(S)	DRIVER DISTRACT	10N	TEST STA	TUS	
1-FATAL	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		IONE GIVEN		
3 - SUSPECTED		2 - FRONT - MIDDLE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATING ELECTRONIC COMMUNI	CATION 3.T	TION 3 TEST CIVEN CONTAMINATED		
30233-06017-009	4 - POSSIBLE INJURY 3 - FRONT - RIGHT SIDE		4 - DEPLOYED BOTH FRONT / SIDE			4 - REGULAR CLASS (OHIO = D)	LAR CLASS 4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNU SABLE	
5 - NO APPAREN	5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		3 - HOT ALL CIONDEL			5 - M/C MOPED ONLY	3 - EVCELL CENSO			3 -TALKING ON HANDS-FR	LL			
PACE TO STREET AND ADDRESS OF THE PACE AND ADDRESS OF	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	201			6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-HEL	D U	INKNOWN		
1 - NOT TRANSPO /TREATED AT		7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		COMMUNICATION DEVICES 5 - OTHER ACTIVITY WITH	AN AL	COHOLTES	ST TYPE	
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE		IONE ILOOD		
9-OTHER/UNK	NOWN	9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY			M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS		6 - PASSENGER 7 - OTHER DISTRACTION	3 - L	IRINE		
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER		10 - LIMITED TO DAY 11 - LIMITED TO EMP		INSIDE THE VEHICLE 8-OTHER DISTRACTION OF		REATH		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	TI	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED TO EMP	R	THE VEHICLE			TVAE	
2 - SHOULDER B 3 - LAP BELT ON		(NON-TRAILING UNIT, BUS, PICK UP WITH CAP)	1 - NOTTRA			S - SCHOOL BUS		13 - MECHANICAL DE (SPECIAL BRAKE	VICE2	9 - OTHER / UNKNOWN	Supplied Street, or other party	DRUG TEST IONE	TIPE	
	LAP BELT USED	12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	ICAL MEANS		T - DOUBLE & TRIPLE		CONTROLS, OR O	THER	CONDITION	2 - B	LOOD		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		CARGO AREA 13-TRAILING UNIT	X-TANKER/HAZMAT HANICAL MEANS			14 - MILITARY VEHIC	u ca aint	1 - APPARENTLY NORMAL 1LY 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER				
6 - CHILD RESTR	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR				GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES		3 - EMOTIONAL (E.G., DEPRE	SSED	学基门特征	CILTO	
REAR FACING 7 - BOOSTER SE.	A THE REST OF A SHADOW	(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO	R	ANCRY, DISTURBED)	The second	UG TEST RE Mphetamines	MINISTRAL PROPERTY.	
8 - HELMET USE		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AIG		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 B	ARBITURATES		
9 - PROTECTIVE (ELBOW, KNE								18-OTHER		6 - UNDER THE INFLUENCE	4.0	ENZODIAZEPINI Annabinoids	ES	
10 - REFLECTIVE										OF MEDICATIONS / DRUG /ALCOHOL	19	OCAINE		
11 - LIGHTING - F / BICYCLE ON										9 - OTHER / UNKNOWN		PIATES / OPIOID	20	
99 - OTHER / UNK											William Broken	THER IEGATIVE RESUL	ITS	