OHIO DEPARTMENT T	RAFFIC CRASH	REPORT *D	ENOTES MANDATORY FI	ELD FOR SUPPLEM	ENT REPORT		OCAL REPORT NUME	BER*
	OH-2 OH-3	LOCAL INFORMATION				2.0.2.1.	0.0.0.0	3,1,3,0,
PHOTOS TAKEN	X OH-1P OTHER	REPORTING AGENCY	NAME*	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
SECONDARY CRASH	PRIVATE PROPERT	City of Kent	Police	0	6,7,0,3	1 - SOLVED	0 2	0 2 98 - ANIMAL
COUNTY* LOCALITY*	CITY LOCATION:	CITY, VILLAGE, TOWNSHIP*				CRASH DATE /	TIME*	CRASH SEVERITY
	TOWNSHIP Kent					03022021	/1616 5	1 - FATAL 2 - SERIOUS INJURY
ROUTE TYPE ROUTE NU	2-SOUTI	H LOCATION ROAD NAM	E		ROAD TYPE	LATITUDE DE		SUSPECTED
S R 59	4 3-EAST	MAIN	homitals &		ST	4,1,1,5,1	5,9,5	3 - MINOR INJURY SUSPECTED
ROUTE TYPE ROUTE NU	UMBER PREFIX 1-NORT 2-SOUTI	H	AME (ROAD, MILEPOST, H	OUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE
ROUTE TYPE ROUTE NU	3- EAST	LONGMER	E		D, R	-8,1,,3,8,0	6,8,7	5 - PROPERTY DAMAGE ONLY
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE			INTERSECTION RELA	TED
1 - INTERSECTION 2 - MILE POST	1-1000111	R - INTERSTATE ROUTE(IS-FEDERAL US ROUTE	TP) AL - ALLEY AV - AVENUE		RD - ROAD SQ - SQUARE	X WITHIN INTE	RSECTION OR ON APP	ROACH
3-HOUSE #	3- EAST	R - STATE ROUTE	BL - BOULEVARD		ST - STREET	WITHIN INTE	RCHANGE AREA N	UMBER OF APPROACHES
DISTANCE FROM REFERENCE		R - NUMBERED COUNTY I	ROUTE CR - CIRCLE		TE - TERRACE		ROADWAY	
		R - NUMBERED TOWNSHI			WA - WAY	ROADWAY DIV	/IDED	
1,0	2 3-YARDS		HE - HEIGHTS	PL - PLACE		L KOADWAT BE	TIDED	
LOCATION 1 - ON ROADWA	N OF FIRST HARMFUL EV		MANNER OF CRAS	H COLLISION/IMPA	СТ	DIRECTION OF TRAVE		DIAN TYPE
0 1 2-ON SHOULD		AY/ALLEY ACCESS	BETWEEN .	4 - REAR-10-REAR 5 - BACKING		1 - NORTH	1 - DIVIDE	ED FLUSH MEDIAN EET)
3 - IN MEDIAN 4 - ON ROADSIE		Y GRADE CROSSING	VEHICLES IN	6 - ANGLE 7 - Sideswipe, Sam	E DIDECTION	3- EAST	2 - DIVIDE	D FLUSH MEDIAN
5 - ON GORE	TRAILS			8 - SIDESWIPE, OPP		4-WEST	3 - DIVIDE	D, DEPRESSED MEDIAN
6 - OUTSIDE TR 7 - ON RAMP	RAFFIC WAY 13-BIKE LA 14-TOLL BO		3 - HEAD-ON	9 - OTHER / UNKNO	WN		4 - DIVIDE	ED, RAISED MEDIAN TYPE)
8 - OFF RAMP	99-0THER /	UNKNOWN	30-1				9-OTHER	JUNKNOWN
WORK ZONE RELAT	TED	WORK ZONE TYPE	LOCATIO	ON OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIONS	SURFACE
WORKERS PRESEN		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOV		- BEFORE THE 1ST WARNING SIGN	WORK ZONE	_1	1	2
LAW ENFORCEMENT		3 - WORK ON SHOULDER	2	- ADVANCE WARNII		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
		OR MEDIAN 4 - INTERMITTENT OR MO		- TRANSITION AREA - ACTIVITY AREA	4	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,
ACTIVE SCHOOL ZO	ONE	5-OTHER	5	-TERMINATION AR	EA	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT
LIGHT (CONDITION		WEATHER	THE PERSON NAMED IN		9 - OTHER/UNKNOWN		3 - BRICK/BLOCK 4 - SLAG, GRAVEL,
1 - DAYLIGHT 1 2 - DAWN/DUSK	,	1-CLEAR 0 1 2-CLOUD		CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING	STONE
1 1 1	HTED ROADWAY	114111	MOG, SMOKE 8 - BLOWIN		SNOW		MOVING)	3-DIKI
	DWAY NOT LIGHTED (NOWN ROADWAY LIGHTI	4 - RAIN NG 5 - SLEET,		NG RAIN OR FREEZ / UNKNOWN	ING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOW
9-OTHER/UNK			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				9 - OTHER/UNKNOWN	
NARRATIVE	n haderen		THE PERSON NAMED IN					Indicate the north
Unit 1 was sto	pped at the int	ersection on S'	THV 50 and				A	direction with an "N" on the
				E Ze Line				compass diagram.
Longmere Dr	rive, traveing f	rom east to we	st. Unit 2					
was also trav	eling from eas	t to west on ST	HY 59. As		WA	AAIN ST /		Tr.
the traffic lig	ht turned gree	n, Unit 2 was t	ravling	151		////	/	NOT TO SCALE
too close to U	Init 1 and strue	ck the rear end		- 1 OC-4		////		
mar-1111			<u> </u>			Jan 15 10 /	STHY 50	
						- B	T1	
	ere reported ar		Unit 2				100	
was isseud a	citation for AC	CDA.						H. S.
			Ye II	tra artiga				
				18.5		LONGME	REDR	
				risposition in				
CRASH REPORTED		DISPATCH DATE / TIM		RIVAL DATE / TIME		SCENE CLEARED		REPORT TAKEN BY POLICE AGENCY
0.3.0.2.2.0.2.1		0,2,2,0,2,1,/,1					1,/,1,6,4,3,	MOTORIST
TOTAL TIME ROADWAY CLOSED INV		OTAL OFFICER'S NA Ellis, Ch	ME* larles		HECKED BY OFFI	Rvan		SUPPLEMENT
1			FICER'S BADGE NUMBER			BY OFFICER'S BADGE	NUMBER*	(CORRECTION OR ADDITION OF AM EXISTING REPORT SENT TO COP
0 0 0 0	0 3 0 0	5 4 2 6	_		2 1		II y and	

LOCAL REPORT NUMBER 2 | 0 | 2 | 1 | - | 0 | 0 | 0 | 0 | 3 | 1 | 3 | 0 | UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER OMHED DUONE 0 1 ZERA, ALLISON, JUDITH DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 2 524 JACKSON DR ,APOLLO ,PA 15613 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY VEHICLE IDENTIFICATION # VEHICLE YEAR $[3,GNCJ_1NS_B2_1L_L2_11_9_4_11_7]$ VEHICLE YEAR $[2,0,2_10]$ LP STATE LICENSE PLATE # VEHICLE MAKE **P** A LHK9289 Chevrolet INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL INSURANCE X VERIFIED STATE FARM 417 1977 C16 380 **DBL** TRAX TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL CLASS # PLACARD ID 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE 2 - 10 001 - 26K LBS 0_4 PLACARD J 3 - >26K LBS. 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 0 3 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 3 - SPORT UTILITYVEHICLE 9 - AUTOCYCLE 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEEL CHAIR (ANY TYPE) 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 BICYCLE 5 - CARGOVAN 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 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 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 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 FOUI PMENT, 20-SAFETY SERVICE PATROL 3 - VEHICLETOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODY TYPE 8 - POLE 12 - CONCRETE MIXER 0, 1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTO TRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARRAGE/REFUSE BODY * 3 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99-OTHER/UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER FOILIPMENT 10 - DISABLED FROM PRIOR DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT -NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 9 - MEDIAN/CROSSING ISLAND 6 - BICYCLE LANE 12 - FIRST RESPONDER CROSSWALK 4 - MIDBLOCK - MARKED AT INCIDENT SCENE 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS **□-TOP** | 131 T-ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE [16] TRAILS 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING **INITIAL POINT OF CONTACT** 2 - NON-COLLISION 2 - BACKING B - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING OR LEAVING VEHICLE 0 - NO DAMAGE 14 - UNDERCARRIAGE 4 1 1 3 - CHANGING LANES SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE 0+6+1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST PRE-CRASH 4 - OVERTAKING/PASSING ACTION 4- STRUCK 10-PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN 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/UNKNOWN 12 - DRIVERLESS TRAFFIC 1-NONE 13 - IMPROPER START FROM A 7 - LEFT OF CENTER 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 18 - OPERATING DEFECTIVE 8-FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED EQUIPMENT 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO [0]12 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 2 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL SPILLING 11 - DROVE OFF ROAD 99 - OTHER IMPROPER ACTION 16 - WRONG WAY 20 - IN PROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6 - IMPROPER TURN 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 4 2 - INVOLVED-ACTIVE CROSSING EVENTS 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 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM TRAVEL **UNIT / NON-MOTORIST DIRECTION** 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 9 - RAN OFF ROAD LEFT 4 - JACKKNIFE 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 3 TO 4 TRANSPORT 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST R - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 31 - GUARDRAIL END 25 - IMPACT ATTENUATOR 37 - TRAFFIC SIGN POST 43-CURB 50 - WORK ZONE MAINTENANCE /CRASH CUSHION EQUIPMENT 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST 44 - DITCH **UNIT SPEED DETECTED SPEED** 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52-BUILDING 34 - MEDIAN GHARDRAIL 46-FENCE 0,0,5 27 - BRIDGE PIER OR ABUTMENT BARRIER 40-UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED POSTED SPEED 29-BRIDGE RAIL BARRIER OR SUPPORT 99-OTHER / UNKNOWN 49-FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT

☐ FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

2 5

UNIT#	OWNER NAME: LAST, FIRS	T. MIDDLE (X SANE AS DRIVED)		NUMBER BURNE	IOI sauc as natural		DAMAGE		
$\begin{bmatrix} 0 & 2 \end{bmatrix}$	BYRD, ALEX	IS, R			seerald-R3	Barton Court Boo	DAMAGE SCALE		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER)								
	345 DEPEYSTER ST 217, Kent, OH 44240 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN								
CUMMERC	IAL GARRIER: NAME, ADDR	ESS, CITY, STATE, ZIP	ER PHONE: INCLUDE AREA CODE	9 - UNKNOWN					
LP STATE	LICENSE PLATE #	VEHICLE	IDENTIFICATION #	VEHICLE	EAR VEHICLE MAKE		AMAGED AREA(S) ATE ALL THAT APPLY		
	AB40778	1,C4,NJ,P.F	B2 E D8 8 9	8,5,6, 2,0,1		12	42		
	CE INSURANCE COMP	ANY IN	SURANCE POLICY#	COLOR		" 0	11 12 1		
X INSURAN		RM E	488063A2813	BLK	LATITUDE	10 11 1 2	10 11 1 2		
	TYPE OF USE	IN EMERGENCY	US DOT #	TOWED BY: COMP	NY NAME	10 2			
COMMER	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	HICLE WEIGHT GVWR/GCWR	HAZAR	DOUS MATERIAL	9 9 3	3 9 9 3		
INTERL	OCK HIT/SKIP UNIT	#UCCUPANIS	1 - ≤10K LBS	MATERIAL	CLASS # PLACARD ID #	B 7 5 7	7 5 7		
EQUIPP	ED MILITAKIP ONLI	0,1,	2 - 10,001 - 26K LBS 3 - >26K LBS	PLACARD	1 11 1 1 1 1		12 7 6		
	1 - PASSENGER CAR		12-GOLF CART	18-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	11 12 1 6		
			13-SNOWMOBILE	19-BUS (16+ PASSENGERS)	24-WHEELCHAIR (ANY TYPE)	10/	11 1 2		
UNIT TYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14-SINGLE UNITTRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	-	10 2		
100	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15-SEMI-TRACTOR 16-FARM EQUIPMENT	21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR	26-BICYCLE 27-Train	9	9 1 3 3		
		11 - ALL TERRAIN VEHICLE	17 - MOTORHOME	ANIMAL-DRAWN VEHICLI		8	785 /4		
00	# OF TRAILING UNITS	(ATV/UTV)				12	7 6 5 12		
		TANAMANA	A MARITONATION	2 CONDITION OF THE PROPERTY OF	A (1)(A)	11 12 1	6 11 12 1		
> _	WAS VEHICLE OPERATING IN AUT MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	IN 9 - UNKNOWN	10 11 1 2	10 11 1 2		
2	1-YES 2-NO 9-OTHER/UNKA	NOWN AUTONOMOUS	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		10 2	10 2		
		MODE LEVEL				9 9 3	3 9 9 3		
		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11-FIRE 12-MILITARY	16-FARM 17-MOWING	21 - MAIL CARRIER	7 5 7	8 4 7		
	2 - TAXI 3 - ELECTRONIC RIDE SHARING		12-MILITARY 13-POLICE	17 - MOWING 18 - SNOW REMOVAL	99-OTHER/UNKNOWN		6		
SPELIAL		9 - BUS - OTHER	14-PUBLIC UTILITY	19-TOWING		. 6	7 6 5		
	5 - BUS -TRANSIT/COMMUTER	10-AMBULANCE	15-CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATRO			12 12 12		
Λ 1		3 - VEHICLE TOWING ANOTHER		B - POLE	12 - CONCRETE MIXER	12			
0 1, CARGO	/ NOT APPLICABLE	MOTOR VEHICLE	CHASSIS	9 - CARGOTANK	13 - AUTO TRANSPORTER	0.0			
BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED	14-GARBAGE/REFUSE	· []	B 3 9 T 3 9 🚳 3		
TYPE				11-DUMP	99 - OTHER / UNKNOWN	0			
		4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6			
		5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR ACCIDENT			6 6 6		
			1 1 1 1 1 1 1 1	Edition in		- NO DAMAGE	[0] - UNDERCARRIAGE [14]		
	CROCCINALIA	3 - INTERSECTION - OTHER	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAN	D 12-FIRST RESPONDER AT INCIDENT SCENE	П-тор (131	T ALL ADEAS (35)		
NOH-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	99-OTHER/UNKNOWN	- 10h [13]	-ALL AREAS [15]		
AT IMPACT	ODOCCUMAL IZ	5 -TRAVEL LANE - OTHER LOCATION		TRAILS		□ - UN	IT NOT AT SCENE [16]		
The Late	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING		AL DAINT OF CONTACT		
3		2 - BACKING	B - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING	OR LEAVING VEHICLE	INITI 0 - NO DAMA	AL POINT OF CONTACT GE 14 - UNDERCARRIAGE		
ACTION	3-STRIKING PRE-CRASH	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION 15 - WALKING, RUNNING,	19-STANDING 20-OTHER NON-MOTORIST	4 4	RTO UNIT 15 - VEHICLE NOT AT SCENE		
ACTION	5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10-PARKED 11-SLOWING OR STOPPED	JOGGING, PLAYING	21 - STANDING OUTSIDE	DIAGR			
100	& STRUCK	6 - MAKING LEFT TURN	INTRAFFIC	16 - WORKING	DISABLED VEHICLE	13 - TOP	and the supplied of		
	9-OTHER/UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		TRAFFIC		
		7 - LEFT OF CENTER	DARLES DARLES	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL		
		8 - FOLLOWING TOO CLOSE / ACDA	PARKED POSITION 14-STOPPED OR PARKED	18-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN		
0,8		9-IMPROPER LANE CHANGE 10-IMPROPER PASSING	ILLEGALLY	19 - LOAD SHIFTING/FALLING	23 - OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	2 2 - SIGNAL 5 - YIELD SIGN		
CONTRIBUTING		11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	SPILLING	99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL		
olunomi lancei	6-IMPROPERTURN	12-IMPROPER BACKING	10" WRONG WAI	20 - IM-PROPER CROSSING		# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING		
SEQUENCE	OF EVENTS						1 - NOT INVOLVED 1 2 - INVOLVED-ACTIVE CROSSING		
2.0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	EVENTS 11 - CROSS CENTERLINE —	14 Dati way uputei e	22 . WILDY TONE MAINTENANCE	4	3 - INVOLVED-PASSIVE CROSSING		
1 2 0		7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT				
N.C.	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY	18 - ANIMAL — DEER	23 - STRUCK BY FALLING,	UNIT / NO	N-MOTORIST DIRECTION		
		9 - RAN OFF ROAD LEFT	13-OTHER NON-COLLISION	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN	SHIFTING CARGO OR ANYTHING SET IN MOTION	THE STATE OF THE STATE OF	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST		
S 100 h	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14-PEDESTRIAN	TRANSPORT	BY A MOTOR VEHICLE 24-OTHER MOVABLE CBJECT	FROM 3 TO L	1		
3			15-PEDALCYCLE	21 - PARKED MOTOR VEHICLE	ET OTHER MOTABLE UDIEU!		4 - WEST 8 - SOUTHWEST		
	25 - IMPACT ATTENUATOR	COLLISION 31-GUARDRAIL END	N WITH FIXED OBJECT 37 - Traffic Sign Post	T - STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN		
4	/ CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44-DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED		
102 100	CTDIICTIIDE		39-LIGHT/LUMINARIES	45 - EMBANKMENT	51 - WALL		1 - STATED / ESTIMATED SPEED		
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	SUPPORT 40 - UTILITY POLE	46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - TUNNEL	0,0,5	2 - CALCULATED / EDR		
Ab. C	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41-OTHER POST, POLE	48 - TREE	54-OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED		
6	29-BRIDGE RAIL 30-GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	OR SUPPORT 42 - CULVERT	49-FIRE HYDRANT	99-OTHER/UNKNOWN	LASIEN SLEEN	or the beautiful		
. 1	FIRST HARMEN EVEN	1	ADMENI EVENT			2,5,			

CHIOLOGRAPHINE MATERY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
Maria								2 + 0 + 2 + 1 + - + 0 + 0 + 0 + 0 + 3 + 1 + 3 + 0 +						
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
0.1		ZERA, ALLISON, JUDITH							0,3,2,1,2,0,0,1,1,9,F					
	STREET, CITY, S		O DA 15/12						CONTACT PHONE - INCLUDE AREA CODE					
0		ON DR ,APOLLO ,PA 15613								Legazino Bacizio			I 1	
INJURIES 5	TAKEN	TAKEN							DOT-Co	SEATING POSITIO	N AIR BAG U	SAGE EJECTION	TRAPPED 1	
OL STATE	OPERATOR I	LICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC				ON NUMBER		
P.A.					CODE									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT			ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	ALC STATUS TY	OHOL TEST /PE VALUE		RUG TEST(S	SELECT UPTO 4	
10	SELECT OF TO?		BA	TRACTED 1		LCOHOL MAR	RIJUANA	1	1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 RESULI	SELECT BP104	
LIMITE	LUL L		ا السلم	1 OTHER DRUG										
UNIT #	NAME: LAST,	, ALEXIS, R							DATE OF BIRTH AGE GENDER					
	STREET, CITY, ST	<u> </u>								PHONE - INCLUDE AREA C		24	F	
		STER ST 217 ,K	ent .Ol	H 442	40				CONTROL	FISONE - INCLUDE AREA C	OUE.		1	
© INJURIES	INJURED	EMS AGENCY (NAME)	, , , ,		_ : - : - : - :	: MEDICAL FACILITY	(NAME, CITY)		DOT C.	SEATING POSITIO	N AIR BAG US	SAGE EJECTION	TRAPPED	
5	TAKEN BY							USED 0 4	DOT-COMPLIANT O 1 1 1 1				_1_	
OL STATE	OPERATOR I	LICENSE NUMBER			SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER			
		_		333.	03		X	Maximum Sp	eed Limits	1	6236			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	TRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA			CONDITION	ALC STATUS TY	OHOL TEST (PE VALUE		RUG TEST(S TYPE RESULT	SELECT UPTO 4		
. .	ļ		BY	1		LCOHOL MAF THER DRUG	ANAUUY	1	1	1	1	1		
UNIT#	NAME: LAST,	FIRST, MIDDLE					-			DATE OF BIRTH		AGE	GENDER	
	STREET, CITY, ST	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
0T 0R I														
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Cox		N AIR BAG U	SAGE EJECTION	TRAPPED	
	BY				OFFENSE CHARGED LOCAL OFFENSE DESC				MC HELMET					
OL STATE	OPERATOR I	LICENSE NUMBER		OFFEN				KIPIION			N NUMBER	N NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRI	IVER ALCOHOL / DRUG SUSPECTED			CONDITION		ALCOHOL TEST		RUG TEST(S			
	SELECTUPTO2	30-C-2-92B	BY	TRACTED			RIJUANA		STATUS	PE VALUE	STATUS	YPE RESULT	SECECT BY 104	
					01	THER DRUG							أسال	
1- FATAL	RIES	1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG	S 2018	OL CLASS 1-CLASS A		OL RESTRIC	Married Street, Street, St. Co., St., St.	1-NOT DISTRACTED	DAVIDOUS PARTY	TEST STA	TUS	
CONTRACTOR OF THE	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED		
3 - SUSPECTED: 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOY	ED SIDE Ed both fro	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS								
5 - NO APPAREN	T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	PPLICABLE (OHIO = D)			5 - EXCEPT CLASS	3 - TALKING ON HANDS-FR						
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY					6 - EXCEPT CLASS (& CLASS B BUS		4 -TALKING ON HAND-HEL	VE VACCO	NNKNOMN 2 - LE21 GIAEN' KE20F12		
1 - NOT TRANSPO		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	E.	ICCTION OF ENDODGEMENT				7 - EXCEPT TRACTO 8 - INTERMEDIATE	ALCOHOL 1E31				TTYPE	
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS		ELECTRONIC DEVICE		- NONE - BLOOD		
3-POLICE 9-OTHER/UNK	NOWN	9-THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 7 - OTHER DISTRACTION	POSTERNIA COLD	- URINE		
SACETYE	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 NOT APP			N-TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICLE 8 - OTHER DISTRACTION O		- BREATH - OTHER		
1 - NONE USED	aoir illear	11 - PASSENGER IN OTHER	TI	RAPPED		Q - MOTOR SCOOTER R - THREE WHEEL MO	TORCYCLE	12 - LIMITED - OTHE	STAGESTED AND THE	THE VEHICLE			TVDE	
Harris March College C	2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOTT			APPED S - SCHOOL BUS			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND				DRUG TEST TYPE 1-NONE			
Bally Charles and Charles	SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		MECHANICAL MEANS				T - DOUBLE & TRIPLE TRAILERS CONTROLS, OR (X - TANKER / HAZMAT ADAPTIVE DEV		THER CONDITION			2 - BLOOD		
5 - CHILD RESTR FORWARD FA		CARGO AREA 13-TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS				14 - MILITARY VE		ICLES ONLY 2 PHYSICAL IMPAIRMEN		T 4	3 - URINE 4 - OTHER		
6-CHILD RESTR	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		GENDER F-FEMALE				15 - MOTOR VEHICLE AIR BRAKES		WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED, ANCRY, DISTURBED)		DRUG TEST RESULT(S)		
7 - BOOSTER SE.		15 - NON-MOTORIST				M - MALE	MALE 16 - OUTSIDE N				1 - AMPHETAMINES			
8 - HELMET USE		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC ALL 18 - OTHER	FATIGUED, ETC.			BARBITURATES -BENZODIAZEPINE	S	
9- PROTECTIVE (ELBOW, KNE	ES, ETC.)									6- UNDER THE INFLUENCE OF MEDICATIONS / DRU	GS 4	CANNABINOIDS		
10 - REFLECTIVE 11 - LIGHTING - P										/ALCOHOL 9-OTHER/UNKNOWN		-COCAINE -OPIATES/OPIOID	\$	
/ BICYCLE ON	ILY									1	-OTHER			
99-OTHER/UNK	NYW								and any of		8	NEGATIVE RESUL	.15	

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER							
									2,0,2,1,-,0,0,0,3,1,3,0,					
	UNIT # NAME: LAST, FIRST, MIDDLE O1 PAINTER, DANYLLE, ELIZABE								DATE OF BIRTH AGE GENDER					
Ŀ	01			1,1,1,	4,2,0	0,0	2,0	F						
OCCUPANT		STREET, CITY,		CONTACT PHONI	- INCLUDE AREA CO	OE 30								
220			LN ,SMITHT	ON ,PA I:										
	. 5	INJURED TAKEN BY	EMS AGENCY (NAME)		DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	EJECTION	TRAPPED					
ŀ					0,4	MC HELMET	0,6	1_	_1_	1				
	UNIT #	2-77-5	t, first, middle LENKAMP, A		E OF BIRTH		AGE	GENDER						
Ŀ		STREET, CITY,		0,7,0			1,9	<u> </u>						
OCCUPAN			-0.00	CONTACT PHONE	- INCLUDE AREA CO	0E								
Ū0	INJURIES	INJURED	EMS AGENCY (NAME)	ILK LN ,BRADFORDWOODS ,PA 15015 S AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFE					SEATING POSITION	ATD DAC HEAD	ELECTION	TRAPPED		
	, 5	TAKEN BY					SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT	0,3	1	1	1		
F	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
	01	MATE	JKA, CHARI	MA, LYN	N			0,2,2,8,2,0,0,1,2,0, F						
PANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE						
OCCUPANT	3444 (CASHM	IERE ST ,DAN	VILLE,	CA 94506									
0	_	TAKEN	EMS ABENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
Ц	5	BY L					0,4	MC HELMET	0 4	1	_ 1	1		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE		V-79 -T			DAT	E OF BIRTH		AGE	GENDER		
<u>=</u> :														
DCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
000														
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
H			RIES	SAFETY	' EQUIPMENT USED		CEATING BOS	MC HELMET						
	1 - FATA	A SHEET WAS A SHEET		1 - NONE US	Parties and the property of the last		T-LEFT SIDE	HIUN	1 - NOT DE	AIR BAG	JSAGE			
	2 - SUSF	PECTED SE	RIOUS INJURY		OCCUPANT	(MOT	ORCYCLE DRIV							
	3- 303FECTED WITHOR INJURY				R BELT ONLY USED		T – MIDDLE T – RIGHT SIDE	3 - DEPLOYED SI		ED SIDE				
		SIBLE INJU		3 - LAP BELT	R & LAP BELT USED		ND – LEFT SIDE	The second secon						
	3 - NU APPARENT INJURY			STRAINT SYSTEM -		(MOTORCYCLE PASSE 5 - SECOND – MIDDLE		SENGER) FRONT/SIDE 5 - NOT APPLICA		RIE				
			TAKEN BY	FORWARI		6 - SECO	ND – RIGHT SID				ENT UNKNOWN			
		TRANSPOR		6 - CHILD RE	STRAINT SYSTEM – CING		D – LEFT SIDE DRCYCLE SIDE	CAR)	EJECTION					
	2 - EMS			7 - BOOSTER		8 - THIRI	O-MIDDLE		1 - NOT EJECTED					
	3 - POLI	CE		8 - HELMET	USED	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION O		ETRIICK CAR	2 - PARTIALLY EJECTED					
					IVE PADS USED	11 - PASS	ENGER IN OTHE	R ENCLOSED	3 - TOTALLY EJECTED					
	nese es es es	Super resident	DER		KNEES, ETC.) IVE CLOTHING		O AREA (NON-TR ICK-UP WITH CAP		4 - NOT APPLICABLE TRAPPED					
	F-FEMA M-MALE			11 - LIGHTING	- PEDESTRIAN	12 - PASSI	ENGER IN UNE							
		= R/UNKNO\	VN	/ BICYCLE		13 - TRAIL	O AREA .ING UNIT		1 - NOT TRAPPED					
				99 - OTHER / L	JNKNOWN	14 - RIDING ON VEHICLE		EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS			CAL		
						15 - NON-N	RAILING UNIT) MOTORIST		3 - FREED BY NON-MECHAN		ECHANIC	CAL		
						99 - OTHE	R/UNKNOWN		MEANS					
SS	NAME: LAS	T, FIRST, MIDDI	E					DAT	E OF BIRTH		AGE	GENDER		
TNESS	Annerss.	STREET, CITY,	STATE 718											
WITN	APPRESS:	OINEEL, GIIT,	SINI L, ZIF					CONTACT PHONE	- INCLUDE AREA COD	E		14		
	NAME: LAS	T, FIRST, MIDDI	E					DATE OF BIRTH AGE GENDE						
ESS								UAI	- or bruil		AGE	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
	100 150									10				
S	NAME: LAS	T, FIRST, MIDDI	E					DAT	E OF BIRTH		AGE	GENDER		
TNESS	ADDDESS AVDESS AVVESTAGE													
WITN	ADDRESS: STREET, CITY, STAFE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					