OF PUBLIC SAFETY TRAFFIC CRASH	ENT REPORT	LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION			$\begin{bmatrix} 2 & 0 & 2 & 3 & - & 0 & 0 & 0 & 4 & 0 & 0 & 7 & \end{bmatrix}$				
SECONDARY CRASH	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP N 1 - SOLVED	1	UNIT IN ERROR		
PRIVATE PROPERTY	City of Kent Poli	ice <u>[0</u>	6,7,0,3	L2 - UNSOLVED		1 98 - ANIMAL 1 99 - UNKNOWN		
county*   Locality*   Location: city   Location: city   Kent	CRASH DATE / TIME*    0/3 1/3 2 0 2 3 / 2 2 1 4    5   1 - FATAL   1 - FATAL							
3-TOWNSHIP NORTH								
S - SOUTH   E - EAST	HORNING		$\mathbf{R}_{1}\mathbf{D}_{1}$	LATITUDE DECIMAL DEGREES SUSPECTED  4.1.1.5.2.9.0.1.3-MINOR INJURY				
W-WC31	REFERENCE ROAD NAME (RO	)AD. MILEPOST. HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES  4-INJURY POSSIBLE				
S-SOUTH S D 50 3 E-EAST	MAIN	,	Į.	[-8,1]	PROPERTY DAMAGE			
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			TERSECTION RELATED	ONLY		
2 MILE DOCT 0 COUTTY	INTERSTATE ROUTE(TP)	AL - ALLEY HW- HIGHWAY I	RD - ROAD	1 1521	SECTION OR ON APPROAC	СН		
3-HOUSE # E-EAST	FEDERAL US ROUTE STATE ROUTE		SQ - SQUARE ST - STREET	WITHIN INTER	CHANGE AREA NUMI	3 BER OF APPROACHES		
	NUMBERED COUNTY ROUTE	· ·	TE - TERRACE TL - TRAIL		ROADWAY			
	NUMBERED TOWNSHIP ROUTE		WA - WAY	ROADWAY DIVI	DED			
		HE - HEIGHTS PL - PLACE			1			
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	1-	<b>MANNER OF CRASH COLLISION/IMPA</b> NOT COLLISION 4 - REAR-TO-REAR	CT	DIRECTION OF TRAVEL  N - NORTH	MEDIAN	ITYPE LUSH MEDIAN		
1 . (1 . 1 .	PARE ARCOUNT   6	BETWEEN 5 - BACKING TWO MOTOR VEHICLES IN 6 - ANGLE		S-SOUTH	(<4 FEET	)		
4 - QN ROADSIDE 12-SHARED U	SE PATHS OR	TRANSPORT 7 - SIDESWIPE, SAN	1E DIRECTION	E - EAST W - WEST	(≥4 FEET			
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LANE		REAR-END 8 - SIDESWIPE, OPP HEAD-ON 9 - OTHER / UNKNO		1	4 - DIVIDED, F	EPRESSED MEDIÁN RAISED MEDIAN		
7 - ON RAMP 14-TOLL BOOT 8 - OFF RAMP 99-OTHER / UN					9 - OTHER/UN			
- OF OTT INAME	WORK ZONE TYPE	LOCATION OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIONS	SURFACE		
1 []	LANE CLOSURE	1 - BEFORE THE 1ST WARNING SIGN		1 1	. 3	2		
]	LANE SHIFT/CROSSOVER WORK ON SHOULDER	2 - ADVANCE WARNI		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
LAW ENFORCEMENT PRESENT 4-	OR MEDIAN INTERMITTENT OR MOVING W	VORK 4 - ACTIVITY AREA	Α		2-WET	2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZONE 5-	OTHER	5 - TERMINATION AF	REA	1	3 - SNOW 4 - ICE	ASPHALT		
LIGHT CONDITION		ATHER			5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,		
1 - DAYLIGHT 2 - DAWN/DUSK	1-CLEAR 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL  6 - WATER (STANDING,	STONE 5 - DIRT		
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED	3-FOG, SMOG, SM 4-RAIN	MOKE 8-BLOWING SAND, SOIL, DIR 9-FREEZING RAIN OR FREEZ		. ]	MOVING) 7-SLUSH	9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN ROADWAY LIGHTING		99 - OTHER / UNKNOWN	LING DIVIZZED	1 1	9 - OTHER/UNKNOWN			
9 - OTHER / UNKNOWN								
NARRATIVE		- to				Indicate the north direction with an "N" on the		
UNIT 2 WAS IN THE RIGHT	TURNING LANE	AT HORNING RD,				compass diagram.		
FACING NB, GETTING REA	DY TO TURN EB	ON E MAIN T						
(SHWY 59). uNIT 1 WAS TRA	WELING EB ON	E MAIN ST						
(SHWY 59) AND WAS BEGIN	NNING TO TURN	RIGHT ONT — —						
HORNING RD TO GO SB. D	UE TO THE INCI	LIMATE WEA			Ŀ	C		
AND SNOW ON THE DOAD UNIT 1 WAS LINADIE TO SAL								
MAKE THE TURN AND BEGAN SLIDING OVER THE CE								
ON HORNING RD. AND STRUCK UNIT 2 WHICH WAS								
STATIONARY. UNIT 1 WAS CITED FOR FTC - REASONA								
CONTROL.								
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY								
0,3,1,3,2,0,2,3,  2,2,1,4,  0,3,1	1,3,2,0,2,3,/,2,2,1	1 <sub>1</sub> 4 <sub>1</sub> 0 <sub>1</sub> 3 <sub>1</sub> 1 <sub>1</sub> 3 <sub>1</sub> 2 <sub>1</sub> 0 <sub>1</sub> 2 <sub>1</sub> 3 <sub>1</sub> / <sub>1</sub>	2,2,2,3	0,3,1,3,2,0,2,	3/2	<del>-</del>		
TOTAL TIME OTHER TOT	TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OFFICER'S NAME*							
WOMPAN OFFOED LIGARSHING ITME MINO	111001C, 111ac	thew J PS BADGE NUMBER*	Bowen,	Jared  By Officer's BADGE	NUMBER*	SUPPLEMENT (CORRECTION OR ADDITION OF AN EXISTING REPORT SEAT TO ONLY		
0 3 0 0 2 0 0 6	5 8 2 5	1 1111	2	1 4 1				

LOCAL REPORT NUMBER

1,2,0,2,3,-,0,0,0,0,4,0,0,7

						$[2]0_{1}2_{1}3_{1}-10$		
$egin{array}{c c} UNIT\# & I \\ 0 & 1 & I \end{array}$	IWNER NAME: LAST, FIRST LEIN, YELEN	f, MIDDLE (□ SAME AS DRIVER) I 🛦			E AREA CODE ( SAME AS DRIVER) C 149.43 (A)(1)(mm	<u> </u>	DAMA AMAGE S	
	DRESS: STREET, CITY, STATE,			C - T	12 - 12 14 (4) (-3/(-3)	3 1-NONE	MINUE 3	3 - FUNCTIONAL DAMAGE
			UCLID ,OH 44	1121		L Z - WITNOR DAI		4 - DISABLING DAMAGE
COMMERCI	AL CARRIER: NAME, ADDRE	ESS, CITY, STATE, ZIP		COMMERCIAL CARRIER F	PHONE: INCLUDE AREA CODE		- UNKNO	
LP STATE 1	ICENSE PLATE #	VEHICLE	IDENTIFICATION #		M <b>aged</b> A Ate all t	AREA(S) THAT APPLY		
	HXG4788		BXKD1888	$5 \cdot 2 \cdot 1 \cdot 1 \cdot 2 \cdot 0 \cdot 1 \cdot 9$		12		12
INSURANI VERIFIE	INSURANCE COMPA		ISURANCE POLICY#	COLOR	VEHICLE MODEL	11 12		11 12
VERIFIE		SIVE   90	08990208	BLK	CHEROKE			10 1 2
COMMER	TYPE OF USE CIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY	NAME	9 2 3	3	9 9 3 3
			IICLE WEIGHT GVWR/GCWR		JS MATERIAL	8 4 -		8 4 -
INTERLI DEVICE EQUIPPI	HIT/SKIP UNIT	- \	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	│	LASS # PLACARD ID #	8 7 6 5 4		$\frac{7}{6}$
		0,1	3 - >26K LBS.	PLACARD L		7 6 5	11 12	7 6 5
	1 - PASSENGER CAR 2 - Passenger van (minivan)			18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	11 7	1 2
	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	<b>—</b>	10	2
UNIT TYPE		10 - MOPED OR MOTORIZED Bicycle		21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR	26-BICYCLE	9	9	3 3
	5 - CARGO VAN 6 - Van (9-15 Seats)	11 - ALL TERRAIN VEHICLE	16-FARM EQUIPMENT 17-MOTORHOME	ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	$\sum_{\mathbf{s}}$	7 日	1 74
00,	# of TRAILING UNITS	(ATV / UTV)				12	7 6	5 12
-	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	O - IIWKNUMN	11 12	6	11 12 1
	MODE WHEN CRASH OCCURRED		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	) - unilloym	10 11 1 2		10 1 2
	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		9 10 2 3	3	$9 \begin{array}{ c c c c c c c c c c c c c c c c c c c$
	1 - NONE	6 - BUS - CHARTER/TOUR	11-FERE	16-FARM	21 - MAIL CARRIER			
U .		7 - BUS - INTERCITY		17 - MOWING	99-OTHER/UNKNOWN	8 7 6 5 4		8 7 6 5 4
	3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	8 - BUS - SHUTTLE 9 - BUS - OTHER		18-SNOW REMOVAL 19-TOWING		7 6		7 6
	5 - BUS - TRANSIT/COMMUTER		15-CONSTRUCTION EQUIPMENT				12	12 12
Λ 1		3 - VEHICLE TOWING ANOTHER		8 - POLE	12 - CONCRETE MIXER	12	Å	12
	/NOT APPLICABLE	MOTOR VEHICLE 4 - LOGGING	A ALBOA DE SUCSIAL BACK DAV	9 - CARGO TANK	13 - AUTO TRANSPORTER	R A	A	
BODY Type	2 - 003	4 - LUBUINU	7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED 11-DUMP	14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 ( ) 3 9		3 9 3 3
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99-OTHER/UNKNOWN		Ť	•
		5 - STEERING	8 - TRAILER EQUIPMENT	10-DISABLED FROM PRIOR	99-UITER/ UNKNUWN	6	•	
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		☐ - NO DAMAGE		UNDERCARRIAGE [14]
		3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12-FIRST RESPONDER		נטו נ	
NON-MOTORIST	CROSSWALK 2 - INTERSECTION – UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10-DRIVEWAY ACCESS	AT INCIDENT SCENE 99-OTHER/UNKNOWN	☐-TOP [13]	[	- ALL AREAS [15]
LOCATION AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR Trails	77-VIII EN GHANOWN	☐ - UN	IT NOT A	T SCENE [16]
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING	Thires	AL DOTAL	T 00UT10T
3	11 3	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING	OR LEAVING VEHICLE	0 - NO DAMA		T OF <b>CONTACT</b> 14 - Undercarriage
ACTION	2 Olimina	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10-PARKED	SPECIFIED LOCATION 15 - WALKING, RUNNING,	19-STANDING 20-OTHER NON-MOTORIST	1 1 1-12 - REFE		
	5- BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11-SLOWING OR STOPPED	JOGGING, PLAYING	21 - STANDING OUTSIDE	DIAGE 13 - TOP	≀AM	99 - UNKNÓWN
	& STRUCK 9-OTHER / UNKNOWN	6 - MAKING LEFTTURN	IN TRAFFIC 12-DRIVERLESS	16 - WORKING 17 - Pushing Vehicle	DISABLED VEHICLE 99 - OTHER / UNKNOWN	15 "101		
	1-NONE	7 - LEFT OF CENTER	13-IMPROPER START FROM A	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	MD APPACIANT TO ANY	TRAF	
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACD	A PARKED POSITION	18-OPERATING DEFECTIVE	22 - NOT DISCERNIBLE	TRAFFICWAY FLOW  1 - ONE-WAY		TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN
$_{1}$ <b>0</b> $_{1}$ <b>7</b> $_{1}$	3-RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14-STOPPED OR PARKED Illegally	EQUIPMENT  19 - LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	, 2	2 - SIGNAL 5 - YIELD SIGN
CONTRIBUTING	4 - RAN STOP SIGN 5 - UNSAFE SPEED	10-IMPROPER PASSING 11-DROVE OFF ROAD	15-SWERVING TO AVOID	SPILLING	99 - OTHER IMPROPER ACTION			3 - FLASHER 6 - NO CONTROL
CIRCUMSTANCES	6-IMPROPERTURN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		# of THROUGH LANES ON ROAD		RAIL GRADE CROSSING
	OF EVENTS					2	1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
1 1	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE			3 - INVOLVED-PASSIVE CROSSING
1 1 1	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL — FARM	EQUIPMENT		ON MOT	ORIST DIRECTION
21 <b>2</b> 1 <b>0</b> 1	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12-DOWNHILL RUNAWAY	18-ANIMAL — DEER 19-ANIMAL — OTHER	23-STRUCK BY FALLING, Shifting Cargo or	UNITA	U 14-141 U 1 C	1 - NORTH 5 - NORTHEAST
2 - 0	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10-cross median	13-OTHER NON-COLLISION	20 - MOTOR VEHICLE IN	ANYTHING SET IN MOTION By a motor vehicle	1	2	2 - SOUTH 6 - NORTHWEST
3	LOSS OR SHIFT		14-PEDESTRIAN 15-PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM L4 TO	_2_	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
			N WITH FIXED OBJEC	T - STRUCK				9 - OTHER / UNKNOWN
41	25-IMPACT ATTENUATOR /CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANC EQUIPMENT	UNIT SPEED		DETECTED SPEED
	26-BRIDGE OVERKEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	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	0,1,5	l l	2 - CALCULATED / EDR
	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	ÖR SUPPORT 42-culvert	49 - FIRE HYDRANT	99 - OTHER / UNKNOWN		Ì	
2	ETDET HADMEIN EVE	2	JADMEIII EVENT			3 5		

LOCAL REPORT NUMBER

 $\begin{bmatrix} 2 & 0 & 2 & 3 & -1 & 0 & 0 & 0 & 0 & 4 & 0 & 0 & 7 & \end{bmatrix}$ 

	DWNER NAME: LAST, FIRST,				E AREA CODE ( SAME AS DRIVER)	DAMAGE SCALE				
OWNER AD	BUCHS, GREODRESS: STREET, CITY, STATE, 2	IP (X SAME AS DRIVER)		Vision and a second a second and a second and a second and a second and a second an	.C 149.43 (A)(1)(mn	1 - NONE 3 - FUNCTIONAL DAMAGE				
171 W	ESTCHESTEI [AL CARRIER: NAME, ADDRE	R DR ,AMHE	RST ,OH 440		HONE; INCLUDE AREA CODE	2- MINOR DAMAGE 4- DISABLING DAMAGE 9- UNKNOWN				
O STRUCKO	VIIIIAMISI IVANIE, ADDRE			COMMENSIAL CARRIER F	I I I I I I I I I I I I I I I I I I I	DAMAGED AREA(S)				
	LICENSE PLATE # HIU7246	$\begin{array}{c} \text{VEHICLE I} \\ (1) N 4 A L 3 A \end{array}$	IDENTIFICATION # $P_1 2_1 E_1 N 3_1 8_1 1_1 4_2$	$4 \cdot 3 \cdot 8 \cdot 2 \cdot 0 \cdot 1 \cdot 4$		INDICAT	E ALL THAT APPLY			
INSURAN VERIFIE	1	NY IN:	SURANCE POLICY # 04638SSP35	COLOR RED	VEHICLE MODEL ALTIMA	11 12 1	11 12 1			
	TYPE OF USE		US DOT #	TOWED BY: COMPANY		$\begin{array}{c c} & 1 & 1 \\ \hline & 2 & 2 \\ \hline \end{array}$	10 2 2			
COMMER		IN EMERGENCY RESPONSE VEH	ICLE WEIGHT GVWR/GCWR		IS MATERIAL	9 3 3	9 8 4 3			
INTERLI DEVICE EQUIPP	OCK HIT/SKIP UNIT	#OCCUPANTS   VEID	1 - ≤10K LBS. 2 - 10,001 - 26K LBS	I I RELEASED	LASS# PLACARD ID#	8 7 6 4	8 7 5 6			
	1 - PASSENGER CAR 7				23 - PEDESTRIAN / SKATER	6 11	12 1 6 5			
	3 - SPORT UTILITY VEHICLE				24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10/	11 2 2			
UNIT TYPE	4 - PICK UP 1 5 - Cargo van	DIAMOL F		,	26 - BICYCLE 27 - TRAIN	9	9 3 3			
		11 MILTERDAMINEUTOLE	17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP	8	7 5 4			
00_	# of TRAILING UNITS					12 7	6 11 12 1			
	WAS VEHICLE OPERATING IN AUT Mode when crash occurred?			3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	10 12 1 2	10 11 1 2			
2	1-YES 2-NO 9-OTHER/UNKN	OWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		9 9 9 3 3 3	9 10 2 3			
			11-FIRE 12-MILITARY	16-FARM 17-MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 4	8 7 5 4			
CDECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13-POLICE	18-SNOW REMOVAL	77-VITEN DAKNOWN	7 6 6	7 6 5			
	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT	19-TOWING 20-SAFETY SERVICE PATROL			12 12 12			
0.1.	1 - NO CARGO BODYTYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	12				
0.000		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK 10-Flat bed	13-AUTOTRANSPORTER 14-GARBAGE/RÉFUSE	R. R. R.	3 9 3 3 9 8 3			
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUMP	99-OTHER/UNKNOWN		<b>*</b>			
VEHICLE	2 - HEAD LAMPS		7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR	99-OTHER/UNKNOWN	6				
<u> </u>		6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		□-NO DAMAGE [	0]			
	CROSSWALK		6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE	☐- <b>TOP</b> [13]	☐ - ALL AREAS [15]			
HON-MOTORIST LOCATION AT IMPACT	2-INTERSECTION - UNMARKED CROSSWALK	CROSSWALK 5 -TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	☐ - UNT	NOTAT SCENE [16]			
			7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING	INITIA	L POINT OF CONTACT			
	3-STRIKING	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - Leaving traffic lane	14 - ENTERING OR CROSSING SPECIFIED LOCATION	OR LEAVING VEHICLE 19-Standing	0 - NO DAMAG	E 14 - UNDERCARRIAGE			
ACTION	4- STRUCK PRE-CRASH 5- BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED 11 - Slowing or Stopped	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST 21 - Standing Outside	DIAGRA	TO UNIT 15 - VEHICLE NOT AT SCENE AM 99 - UNKNOWN			
	0.07011092	6 - MAKING LEFT TURN	IN TRAFFIC  12 - DRIVERLESS	16 - WORKING 17 - Pushing Vehicle	DISABLED VEHICLE 99 - OTHER / UNKNOWN	13 - TOP	TRACEIO			
	1-NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
$0_{\perp}0_{\perp}1_{\perp}$		8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	18-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - 0NE-WAY 2 - TW0-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN			
CONTRIBUTING	4-RAN STOP SIGN	10-IMPROPER PASSING 11-DROVE OFF ROAD	ILLEGALLY 15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY 99 - OTHER IMPROPER ACTION	2 - TW0-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
	D-INTROPERTURN	12-IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
SEQUENCE	or EVENTS		NON-COLLISION			2	1 2 - INVOLVED-ACTIVE CROSSING			
1 <b>2 0</b>		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING			
21 1	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL 12-DOWNHILL RUNAWAY	18-ANIMAL DEER 19-ANIMAL OTHER	23-STRUCK BY FALLING, SHIFTING CARGO OR	UNIT/NO	N-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST			
	5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10 - Cross Median	13-OTHER NON-COLLISION 14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	ANYTHING SET IN MOTION BY A MOTOR VEHICLE	FROM 2 TO L	2 - SOUTH 6 - NORTHWEST 1 3 - EAST 7 - SOUTHEAST			
3	LOSS OR SHIFT	00111211	15-PEDALCYCLE N with fixed objec	21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	I NOM Land 10 L	4 - WEST 8 - SOUTHWEST			
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT		9 - OTHER / UNKNOWN			
	26-BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED  1 - STATED / ESTIMATED SPEED			
5	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	34-MEDIAN GUARDRAIL BARRIER 35. MEDIAN CONCRETE	40 - UTILITY POLE	46 - FENCE 47 - MAILBOX	53 - TUNNEL	0,0,5	2 - CALCULATED / EDR			
6	29-BRIDGE RAIL 30-GUARDRAIL FACE	35 - MEDIAN CONCRETE Barrier 36 - Median Other Barrier	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48 - TREE 49 - Fire Hydrant	54-OTHER FIXED OBJECT 99-OTHER/UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
_ 1	FIRST HARMFUL EVEN	1	ARMFUL EVENT			2 , 5				

OHIO DEPARTMENT MOTORIST / NON-MOTORIST  OHIO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
aspury activity	- MANAGERIAN INIOINKISI / INON-INIOINKISI							2   0   2   3		0 0	$4 \cdot 0 \cdot 0$	7		
UNIT#	NAME: LAST, FIRST, MIDDLE									TE OF BIRTH		AGE	GENDER	
	LEIN, SABINA SS: STREET, CITY, STATE, ZIP									0 6 0 4 2 0 0 2 2 0 F				
	25 TELHURST RD ,SOUTH EUCLID ,OH 44121									Redacted per QRC 149.43 (A)(1)(mm)				
<u> </u>	INJURED   EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT								•	SEATING POSITION				
5	TAKEN BY	Zino Maziro i (majirz)		MISSINES IA			((AIIIE, 01717)	USED 0 4	DOT-COMPLIANT MC HELMET	0 1	1	1. 1	1 1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE	CHARG	ED	LOCAL	OFFENSE DESCI	RIPTION		CITATIO	N NUMBER	111	
O H	Redact	ted per ORC 4501:	1-12	331.34	4		CODE	Failure to Con	itrol;		2617	7		
OL CLASS	ENDORSEMENT SELECT UP TO 2		TO3 DRIV	<del></del>	ALCOF	IOL / DRUG SUSPE	CTED	CONDITION	ALCOHOL STATUS TYPE			RUG TEST(S YPE   RESUL	T SELECT UP TO 4	
. 4 .			BY	1	=	COHOL MAF	RIJUANA	. 1	1 1	,	1	1		
UNIT #	NAME: LAST,	FIRST MIDDLE			011	HER DRUG				TE OF BIRTH		AGE	GENDER	
0.2.	1	S, MARA, ROSE								8 2 0	0.4		F	
	: STREET, CITY, ST	•								E - INCLUDE AREA CO		11101		
<b>周</b>		ESTER DR ,AMI	IERS'	но, т	4400	01			Redacted			13 (A)(1	)(mm)	
₽	INJURED	EMS AGENCY (NAME)		<del>,                                    </del>		MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Complian	SEATING POSITION				
<b>2</b> 5	TAKEN BY							USED 0 4	MC HELMET	0 1	1	11	$\lfloor 1 \rfloor$	
OL STATE		LICENSE NUMBER		OFFENSE	CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	ON NUMBER		
		ted per ORC 4501:												
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT U	DIST	VER TRACTED		HOL / DRUG SUSPI		CONDITION	ALCOHO STATUS TYPE			DRUG TEST( TYPE   RESU	S) LT select up to 4	
4		1	BY	1	=	HER DRUG	RIJUANA	1 .			1	1	u ú 1	
UNIT#	NAME: LAST,	FIRST, MIDDLE						7 . 7 . 267	D/	ATE OF BIRTH		AGE	GENDER	
		·									1 1	1		
ADDRESS	: STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
TO									lL		1 1			
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TA	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIA		AIR BAG L	JSAGE EJECTIO	N TRAPPED	
<u> </u>	BY L							السلسا	MC HELMET	「 	ı L			
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAR	GED	LOCAL CODE	OFFENSE DESC	CRIPTION		CITATI	ON NUMBER		
OL CLASS	J ENDORSEMEN	T RESTRICTION SELECT U	DTO2 DDI	VER	AL CO	HOL / DRUG SUSP	FOTED	CONDITION	ALCOHO	LTEST		DRUG TEST	(S)	
UL GLASS	SELECT UP TO 2	RESTRICTION SELECTO		TRACTED	_		RIJUANA	COMPITION	STATUS TYPE			TYPE RESU		
					ОТ	HER DRUG		<u></u>		•	L			
INJ 1-FATAL	URIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT DEF	AIR BAG		OL CLAS	s ·	OL RESTRIC	STREET, STREET, STREET, CO. LOS.	RIVER DISTRAC Not distracted	Secret areas a	TEST ST 1 - NONE GIVEN	TATUS	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTÁ	TEONLY 2 -	MANUALLY OPERATIN	GAN	2 - TEST REFUSE	D	
<ul> <li>1.2%系列表示。</li> </ul>	D MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY			3-CLASS C		3 - CORRECTIVE LI	CNOCO	ELECTRONIC COMMUN DEVICE (TEXTING, TY)		3 - TEST GIVEN, C		
4 - POSSIBLE I 5 - NO APPARE	34.5	4 - SECOND - LEFT SIDE	4 - DEPLOY	'ED BOTH FRON Plicable	II / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS		DIALING) Talking on Hands-Fi	RFF	4 - TEST GIVEN, F		
S. 10 S. 10	TAKEN BY	(MOTORCYCLE PASSENGER)  5 - SECOND – MIDDLE		MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A	COMMUNICATION DEV	ICE	5 - TEST GIVEN, F UNKNOWN	RESULTS	
1 - NOT TRANS	SPORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACT		TALKING ON HAND-HE Communication dev		ALCOHOL T	EST TYPE	
/TREATED	AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSE H-HAZMAT	MENT	8 - INTERMEDIATI RESTRICTIONS		OTHER ACTIVITY WITH ELECTRONIC DEVICE	H AN	1 - NONE		
3 - POLICE		8-THIRD-MIDDLE	1.000	LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PE	RMIT 6-	PASSENGER .		2 - BLOOD 3 - Urine		
9 - OTHER/UN	NKNOWN	9 - THIRD - RIGHT SIDE 10 - Sleeper Section	3 - TOTALLY 4 - NOT API			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DA		OTHER DISTRACTION Inside the Vehicle	10.00 Per 20.00	4 - BREATH		
Security Section	EQUIPMENT	OF TRUCK CAB  11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EN		OTHER DISTRACTION THE VEHICLE	OUTSIDE	5-OTHER		
1 - NONE USE 2 - Shoulder	D R BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTR/	RAPPED APPED		R-THREE-WHEEL N	OTORCYCLE	13 - MECHANICAL	DEVICES 9-	OTHER/UNKNOWN		DRUG TE	ST TYPE	
3 - LAP BELT		PICK-UP WITH CAP)	2 - EXTRIC	ATED BY NICAL MEANS		T - DOUBLE & TRIPL	E TRAILERS	(SPECIAL BRA CONTROLS, OR		CONDITION		1 - NONE 2 - Blood		
<ul><li>(35) きりをおおかり</li></ul>	R & LAP BELT USED Straint systèm –	CARGO ARF A	3 - FREED	BY		X - TANKER / HAZMA	ιT	ADAPTIVE DEV		APPARENTLY NORMA	.全部等等表	3 - URINE		
FORWARD	FACING	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-ME	ECHANICAL ME	ANS	GENDE	R	15 - MOTOR VEHICI		PHYSICAL IMPAIRME EMOTIONAL (e.g., depi	RESSED,	4 - OTHER		
RE AR FACI		(NON-TRAILING UNIT)				F-FEMALE M-Male		AIR BRAKES 16 - OUTSIDE MIRI	ROR a.	ANGRY, DISTURBED)		DRUG TEST 1-amphetami	T. M. 1985 W. 1985 A.	
7 - BOOSTER 8 - HELMET U		15 - NON-MOTORIST 99 - OTHER/UNKNOWN				U - OTHER / UNKNOW	IN .	17 - PROSTHETIC A	(ID 5-	FELL ASLEEP, FAINTE		2 - BARBITURAT		
9 - PROTECTI	VE PADS USED							18-OTHER	그렇게 얼마나 살아 없었다.	FATIGUED, ETC. Under the influen		3 - BENZODIAZE 4 - CANNABINOI	at on the second of	
(ELBOW, K 10 - REFLECTI	(NEES, ETC.) VE CLOTHING									OF MEDICATIONS / DR / ALCOHOL	luGS	5 - COCAINE		
11 - LIGHTING / BICYCLE	- PEDESTRIAN								9-	OTHER/UNKNOWN		6-OPTATES/OP 7-OTHER	PIOIDS	
99 - OTHER/U	The Committee of the Committee of the											8 - NEGATIVE R	ESULTS	

()	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
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	UNIT#		FIRST, MIDDLE		DATE OF BIRTH   AGE   GENDER     0   2   0   8   2   0   0   4   1   9     F									
2	D2 LOVE, MYLA, CORINE  ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
OCCUPAN	770 WOODHILL DR ,AMHERST ,OH 44001								Redacted per ORC 149.43 (A)(1)(mm)					
3 -		INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT	L	EATING POSITION		S			
	5	TAKEN By L		USED 0 4	MC HELMET 0 3 1 1 1									
	UNIT#	NAME: LAS	T, FIRST, MIDDLE	¥2 (4		· · · · · · ·	, .	DATE	OF BIRTH		AGE	GENDER		
									1 1 1			L		
UPAR	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	INCLUDE AREA COD	E				
9	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facility	Y (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
 	1 1	TAKEN BY				·	USED	DOT-COMPLIANT MC HELMET						
	UNIT#	NAME: LAS	T, FIRST, MIDDLE		admiddi ar a'r a'r ar a ar a'r ar a'r ar a'r ar a'r a'			DATE OF BIRTH AGE GENDER						
	لــــا								<u> </u>			<u></u>		
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COL	DE				
90	INJUIDICE	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facili	TV (NAME OFTIV)	SAFETY EQUIPMENT		SEATING POSITION	ATR RAG HEADE	FJECTION	TRADDED		
	TIMOUTES	TAKEN BY	ENIS AGENCY (NAMIE)		INJURED TAKEN TO; WEDICAL FACILI	IT CNAME, GITY)	USED	DOT-COMPLIANT MC HELMET	3EAIIRG FU3IIIUN	AIR BAG USAGE	ESECTION	IRAPPED		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE	**				DAT	E OF BIRTH		AGE	GENDER		
								1 1 1 1	1 1 1		1 1 1	 		
OCCUPANT	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
7000			<b>.</b>									Ţ		
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
			JRIES	SAFET	Y EQUIPMENT USED		SEATING POS			AIR BAG U	SAGE			
	ì - FAT	ÅL		1 - NONE US			IT – LEFT SIDE	FD)	1 - NOT DE	PLOYED				
		SANATS LANGS	RIOUS INJURY		OCCUPANT ER BELT ONLY USED	CONTRACTOR OF THE PARTY OF THE	ORCYCLE DRIV IT – MIDDLE	EK)	Market See	YED FRONT				
		SPECTED M SIBLE INJU	INOR INJURY IRV		T ONLY USED	医髓管 医克里克氏试验检试验	IT – RIGHT SID		3 - DEPLO 4 - DEPLO					
		APPARENT		4 - SHOULDI	ER & LAP BELT USED	O (MOTORCYCLE PASSENGER) FRONT/SIDE								
		INJURED	TAKEN BY		ESTRAINT SYSTEM – D FACING	5 - SECOND - MIDDLE 5 - NOT APPLICABLE 6 - SECOND - RIGHT SIDE 9 - DEPLOYMENT UNKNOWN								
		TRANSPOR	RTED		ESTRAINT SYSTEM –	7 - THIR	D – LEFT SIDE ORCYCLE SIDE		1 A-DELLO					
	71K 2 - EMS	EATED AT S S	CENE	REAR FA		SEC. 2016. 17.20.13	D - MIDDLE	CAN	1 - NOT E.	EJECTI IFCTED	UN			
	3 - POL			8 - HELMET	USED		D – RIGHT SID EPER SECTION			ALLY EJECT	ED			
	9 - 0TH	IER/UNKN	OWN	医骶骨髓 医氯化二甲酚 医二甲酚二甲酚二甲酚	TIVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTAL	LY EJECTEI	)			
	1081.5880.00	STEEL STEEL STEEL STEEL	NDER	Activities and the	TIVE CLOTHING		30 AREA (NON-T PICK-UP WITH CA		4 - NOT A	PPLICABLE				
	F - FEM M - MAL	·哈里克·罗斯·斯斯			G – PEDESTRIAN		SENGER IN UNI GOAREA	NCLOSED	1 - NOT TI	TRAPE	( <b>5</b> 0)			
	125 Sept. 200 Sept. 1	ER/UNKNO	WN .	/ BICYCL 99 - OTHER/		1	LING UNIT	- EVTENIAN		CATED BY I	/ECHANI	CAL		
						网络新生物 经基金 有相关的	NG ON VEHICL -TRAILING UNIT)	一直发生的一个一点的一次的时候的复数形式的现在分词	MEAN					
							-MOTORIST Er/Unknown		3 - FREEL MEAN	) BY NON-M S	ECHANIC	AL		
Ī	NAME: L	AST, FIRST, MID	DLE			1995			TE OF BIRTH		AGE	GENDER		
WITNESS												_		
THAT I	ADDRES	S: STREET, CITY	/, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA C	ODE				
	NAME:	AST FIRST MID	DI F					DA'	TE OF BIRTH	<u>. I</u>	AGE	GENDER		
NAME: LAST, FIRST, MIDDLE									1 1		1 1 1	VEHDER		
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHON	E - INCLUDE AREA O	CODE				
								L11_			1 1	1		
SS	NAME: L	AST, FIRST, MID	DLE					DA.	TE OF BIRTH	, ,	AGE	GENDER		
	ADDRES	S: STREET, CIT	y, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA	CODE				
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OHIO DEPARTMENT OF PUBLIC SAFETY Narrative Continuation	LOCAL REPORT NUMBER
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