OHIO DEPARTMENT TO OF PUBLIC SAFETY TO SERVE PARTETION	RAFFIC CR	ASH R	EPORT	*DENOTES	MANDATORY FIE	LD FOR SUPPLEM	ENT REPORT	L	OCAL REPORT	NUMBER*				
X PHOTOS TAKEN	OH-2 X OH-3 LOCAL INFORMATION								2,0,2,0,-,0,0,0,3,6,9,2,					
_	X OH-1P OTHER REPORTING AGENCY NAME						NCIC*	HIT/SKIP	ITS	UNIT IN ERROR				
	PRIVATE PRO		City of Ke	1000	e	.0,	6,7,0,3	1 - SOLVED L 2 - UNSOLVED	0 2	0	2 98 - ANIMAL 99 - UNKNOWN			
6 7 1 2-V	ILLAGE Ken		/ILLAGE, TOWNSHI	p *				CRASH DATE /1		1.	FATAL			
3-T	OWNSHIP		DCATION ROAD	NAME			ROAD TYPE	0,2,1,9,2,0,2,0,			SERIOUS INJURY SUSPECTED			
ROUTE TYPE ROUTE NUI	2-5	SOUTH	ANTUA				ST	4,1,1,5,3	MINOR INJURY					
	MBER PREFIX 1-	NORTH R			ID, MILEPOST, HI	OUSE #)	ROAD TYPE	LONGITUDE			SUSPECTED INJURY POSSIBLE			
ROUTE TYPE ROUTE NUI	A 3-	OUTH AST	MAIN				ST	-81,3,6,2	5.8.7	5 -	PROPERTY DAMAGE			
REFERENCE POINT	DIRECTION	WEST	ROUTE TYPE			ROAD TYPE	- I		INTERSECTION	RELATED	ONLY			
1 - INTERSECTION 2 - MILE POST	1 - NORTI 2 - SOUTH		NTERSTATE ROU		AL - ALLEY AV - AVENUE		RD - ROAD SQ - SQUARE	X WITHIN INTE	RSECTION OR ON	APPROAG	Н			
1 3- HOUSE #	3-EAST 4-WEST	03-11	EDERAL US ROU TATE ROUTE	116	BL - BOULEVARD		T - STREET	WITHIN INTE	RCHANGE AREA	NUM	SER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR - N	UMBERED COUN	ITY ROUTE	CR - CIRCLE CT - COURT		TE - TERRACE	I STATE OF THE	ROADW	AY				
	1 - MILES 2 - FEET		UMBERED TOW!	NSHIP	DR - DRIVE	PI - PIKE	WA - WAY	ROADWAY DIV	IDED					
LOCATION	OF FIRST HARMF	II EVENT			HE - HEIGHTS	PL - PLACE								
1 - ON ROADWA		SSOVER		1 - N	OT COLLISION 4	I COLLISION/IMPA - REAR-TO-REAR	.CT	DIRECTION OF TRAVE 1 - NORTH		MEDIAN IVIDED F	LUSH MEDIAN			
0 1 2-ON SHOULDE			LLEY ACCESS ADE CROSSING	6 1 T	WO MOTOR	- BACKING - ANGLE		2-SOUTH ,	1, , (<4 FEET				
4 - ON ROADSID 5 - ON GORE		ARED USE	PATHS OR	Т	RANSPORT 7	- SIDESWIPE, SAN		3- EAST 4- WEST	(≥4 FEET				
6 - OUTSIDE TR	AFFIC WAY 13-BI	KE LANE				3 - SIDESWIPE, 0PP 9 - OTHER / UNKNO			4-1		AISED MEDIAN			
7 - ON RAMP 8 - OFF RAMP		LL BOOTH HER / UNK	NOWN						1	THER/UN				
WORK ZONE RELAT	TED		WORK ZONE TY	PE	LOCATIO	N OF CRASH IN W	ORK ZONE	CONTOUR	CONDITI	DNS	SURFACE			
WORKERS PRESEN			ANE CLOSURE ANE SHIFT/CROS	SSOVER	1	BEFORE THE 1ST WARNING SIGN	WORK ZONE	2	_1	١	2			
LAW ENFORCEMEN	NT PRESENT L	3-W	ORK ON SHOULD		1 1	- ADVANCE WARNII - TRANSITION ARE		1 - STRAIGHT LEVEL	1-DRY		1 - CONCRETE			
		4-11	TERMITTENT	R MOVING WO	ORK 4	- ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2-WET 3-SNOW		2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOOL ZO	INE	5-0	THER		5	-TERMINATION AR	EA	4 - CURVE GRADE	4 - ICE		ASPHALT 3 - BRICK/BLOCK			
LIGHT C	CONDITION		1-CL		THER 6-SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, OIL, GRAVE		4 - SLAG, GRAVEL, STONE			
3 2-DAWN/DUSK			.0.2 2-CL	OUDY	7 - SEVERE	CROSSWINDS			6 - WATER (STA	ANDING,	5 - DIRT			
3 - DARK - LIGH 4 - DARK - ROAD	DWAY NOT LIGHTE		4 - RA			G SAND, SOIL, DIR NG RAIN OR FREEZ			7 - SLUSH		9 - OTHER/UNKNOWN			
5 - DARK – UNKI 9 - OTHER / UNK	NOWN ROADWAY L (NOWN	IGHTING	5 - SL	EET, HAIL	99 - OTHER	/ UNKNOWN			9 - OTHER/UNK	NOWN				
NARRATIVE		400) The							1	Indicate the north			
UNIT 1 WAS 7	TRAVELIN	IG S/E	IN THE	RIGH	ľ						direction with an "N" on the compass diagram.			
LANE N. MA	ANTUA ST	AT W	. MAIN	ST. UNI	T									
1 HAD A GR	EEN LIGH	IT. UN	NIT 2 WA	S		(Î		4016	NO7	70	SCALE			
TRAVELING	E/B ON V	V. MA	IN ST. A	Γ N.						W MAIN	51.			
MANTUA ST	Г. UNIT 2 I	FAILE	D TO ST	OP FOI	RA	< <u></u>	11 12							
RED LIGHT	AND STR	UCK	UNIT 1 C	CAUSIN	G AN						£.			
INJURY CR						7)-		Unit 2	4		Lancery			
STATED HE		1 320			Т			S MWTUAST	3					
TURN ONTO	O N. MAN	TUAS	ST. BUT	THEN	***********			.						
OBSERVED	THE DO	OT E	ENTER S	IGN AN	D	Lilling		117 5						
CONTINUE														
CRASH REPORTED 0, 2, 1, 9, 2, 0, 2, 0			O 2 O 2 O			RIVAL DATE / TIM		SCENE CLEARED		1	POLICE AGENCY			
TOTAL TIME	OTHER	TOTAL	OFFICER	'S NAME*			HECKED BY OFF	ICER'S NAME*	0,/,2,1,4		MOTORIST			
ROADWAY CLOSED INV	ESTIGATION TIME	MINUTE	Fulle	r, James	BADGE NUMBE			ser, Jennifer	NIIMPEN#		SUPPLEMENT (CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO COPY			
0,5,0	0,6,0	1,0	9 2	2 1	DANGE RUMBE		2 2		NUMBER		tomor some ribi bits disart 19 497-4			



2,0,2,0,-,0,0,0,0,3,6,9,2, UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)

0 1 DUNNELLS, BRIAN, N OWNER PHONE: INCLUDE AREA CODE (X) SAME AS DRIVER DAMAGE DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 4437 RIDGEVIEW DR, Brimfield Twp, OH 44240 J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 1 DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE 5, N1, A, T, 2, MV, X, E, C8, 6, 9, 1, 6, 8, 2 0 1 4 O H GET6019 Nissan INSURANCE COMPANY VERIFIED FRIE TAYOUT INSURANCE POLICY # COLOR VEHICLE MODEL ERIE INSURANCE Q038109908 BLK ROGUE TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE City Service HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR MATERIAL RELEASED #DCCUPANTS INTERLOCK CLASS # PLACARD ID # 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS 0 1 PLACARD 13 - >26K 185 11 1 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 23 - PEDESTRIAN / SKATER 12-GOLF CART 18-LIMO (LIVERY VEHICLE) 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEFLED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEEL CHAIR (ANY TYPE) 0,3, 2-MASSERGER FROM THE STREET 9 - AUTOCYCLE 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 - 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 HET/SKIP (ATV / UTV) # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 0 AUTONOMOUS 2 - PARTIAL AUTOMATION J 1-YES 2-NO 9-OTHER/UNKNOWN 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 B - 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 12 3 - VEHICLETOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODYTYPE R . POLF 12 - CONCRETE MIXER 0,1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER CARGO 2 - 8115 A . LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL 11-0UMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEFRING R - TRAILER FOULPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT -NO DAMAGE [0] - UNDERCARRIAGE [14] 1-INTERSECTION-MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE T-TOP [13] X - ALL AREAS [15] 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER LUNKNOWN 11 - SHARED USE PATHS OR 8 - SIDEWALK LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE (161 TRAILS 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 0 1 3 - CHANGING LANES 4 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 3-STRIKING 9 - LEAVING TRAFFIC LANE 0 2 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, 20-OTHER NON-MOTORIST ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10-PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5- BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 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 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 B-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 0 1 3-RAN RED LIGHT 14-STOPPED OR PARKED 9-IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19-LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 15 - SWERVING TO AVOID 6 - NO CONTROL CONTRIBUTING 5 - UNSAFE SPEED SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURA 12-IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 1 2 0 1 - OVERTURN/ROLLOVER **EVENTS** 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 23 - STRUCK BY FALLING, **UNIT / NON-MOTORIST DIRECTION** 18-ANIMAL - DEER 3 - IMMERSION B - RAN OFF ROAD RIGHT 21 0 9 4 JACKKNIFE 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19 - ANIMAL - OTHER 9 - RAN OFF BOAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT BY A MOTOR VEHICLE 10-CROSS MEDIAN 14-PEDESTRIAN FROM 1 1 TO 2 TRANSPORT 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24 - OTHER MOVABLE CBJECT 3 4 3 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST R - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25-IMPACT ATTENUATOR 31 - GUARDRAIL END 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 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 51 - WALL 45 - FMRANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 34 - MEDIAN GUARDRAIL 52 - BUILDING 46 - FENCE 0 2 8 2 - CALCULATED / EDR 40-UTILITY POLE 53-TUNNEL 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 3 , 5 MOST HARMFUL EVENT ☐ FIRST HARMFUL EVENT

LOCAL REPORT NUMBER

of Put	BLIC SAPETY UNIT						REPORT NUMBER
HATT A	ANNER MANE. LACT CO.	t Manual E. Manual		AWNED DUONE	OF AREA CORE (Person		0,0,0,3,6,9,2
	OWNER NAME: LAST, FIRST CHRISTOPHI		RY, L	DANER BRUNESTAN	Ut With Calls (Jackson		DAMAGE MAGE SCALE
OWNER AD	DRESS: STREET, CITY, STATE,	ZIP (X SAME AS DRIVER)				1 - NONE	3 - FUNCTIONAL DAMAGE
	IAIN ST, Win		288	Contrepent Contre	PHONE: INCLUDE AREA CODE	2 - MINOR DAM	AGE 4 - DISABLING DAMAGE UNKNOWN
OOMINERO	THE OMNIEM HAME, ADDA	ESS, OTT, STATE, EIF		GBMMERCIAL GARRIEN	FROME: INCCUDE AREA CODE		AGED AREA(S)
	LICENSE PLATE #	VEHICLE	IDENTIFICATION # 5,2,47,1,2,7	VEHICLE YE	0		E ALL THAT APPLY
	HWA1841				- CHIOTE C	11 12	11 12 1
INSURAN	PROGRESS		SURANCE POLICY #	BLK	COBALT	10 0 0 2	10 11 1 2
COMME	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	Joes Auto HAZARDO	V NAME US MATERIAL	9 9 3 3	9 9 3 3
DEVICE	OCK HIT/SKIP UNIT	#UCCUPANIS	ICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS 3 - >26K LBS.	■ RELEASED	CLASS # PLACARD ID #	8 7 5 5	8 7 5 5 4 6 5 5
0.1.	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13-SNOWMOBILE 14-SINGLE UNITTRUCK 15-SEMI-TRACTOR	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - Train 99 - Unknown or hit/skip	10 10 8	12 11 10 2 9 3 3 6 4 7 2 5 4
2	WAS VEHICLE OPERATING IN A UT MODE WHEN CRASH OCCURRED: 1-YES 2-NO 9-OTHER/UNKN	. 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HISH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	11 12 7 10 10 10 10 10 10 10 10 10 10 10 10 10	5 11 12 1 10 11 12 1 9 9 5
0,1	2 - TAXI 3 - ELECTRONIC RIDE SHARING	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 23 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 5	8 4 7 5 5 5 4 12 12 12 12
O 1 CARGO BODY TYPE	/ NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	B - POLE 9 - CARGOTANK 10 - Flat Bed 11 - Dump	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	9 3 9	
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTORTROUBLE 10-DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNXNOWN	6 - NO DAMAGE (6 6 6
		3 -INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE () M- UNDERCARRIAGE [14]
MON-MOTORIST LOCATION AT IMPACT	CROSSWALK 7 2 - INTERSECTION – UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	AT INCIDENT SCENE 99-OTHER / UNKNOWN	▼-TOP (13)	- ALL AREAS [15]
3	3-STRIKING U 6	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED 1N TRAFFIC 12 - DR'VERLESS	13 - NEGOTIATING A CURYE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NOH-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	INITIAL 0 - NO DAMAGE 1 - 1-12 - REFERT DIAGRAI 13 - TOP	POINT OF CONTACT 14 - UNDERCARRIAGE UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
O 3; CONTRIBUTIN CIRCUMSTANCE	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 6 5 - UNSAFE SPEED 5 - INSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDJ 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IM PROPER CROSSING	21 - LYING IN RDADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY # OF THROUGH LANES	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING
SEQUENC	E of EVENTS					ON ROAD	1 - NOT INVOLVED
1 2 0	1 - OVERTURN/ROLLCVER 2 - FIRE/EXPLOSION 3 - INMERSION 1 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS B - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	EVENTS 11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - AHIMAL — FARM 18 - ANIMAL — DEER 19 - ANIMAL — OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE CRJECT		2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING -MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 1 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
	25-IMPACT ATTENUATOR	COLLISIO 31 - GUARDRAIL END	N WITH FIXED OBJEC 37-TRAFFIC SIGN POST	T - STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN
5	/ CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER OR ABUTMENT	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	38-OVERHEAD SIGN POST 39-LIGHT/LUMINARIES SUPPORT 40-UTILITY POLE	44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR
6	28-BRIDGE PARAPET 29-BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED

49-FIRE HYDRANT

30-GUARDRAIL FACE

36 - MEDIAN OTHER BARRIER 42 - CULVERT

1 MOST HARMFUL EVENT

2 5

CHICAGO PATTINIANT MOTORICE / NON MOTORICE								LOCAL REPORT NUMBER				
CHIO DEPARTMENT MOTORIST / NON-MOTORIST								2 0	2.00	0,0,0	3,6,9	2
UNIT # NAME: LAST, F	FIRST, MIDDLE		DATE OF BIRTH AGE GEND									
0 1 DUNNE	ELLS, LEAH, MA	RIE						1,1	0,5,1,9	9,0	2.9	F
ADDRESS: STREET, CITY, ST.					THE PLAN			CONTACT	PHONE - INCLUDE AREA	CODE		
	IEW DR ,Brimfi	eld Tw						<u>. </u>				
TAKEN	EMS AGENCY (NAME)				MEDICAL FACILITY		SAFETY EQUIPMENT		OMPLIANT SEATING POSIT	ION AIR BAG	USAGE EJECTION	TRAPP
	Kent Fire			1/2	y Hospital		0 1	☐ MC HE	LMET 0 1	_ 4		_1
	ICENSE NUMBER		OFFENS	E CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITAT	ION NUMBER	
O, H, TE3719								Δ1	COHOL TEST		DRUG TEST(S	
ENBORSEMENT SELECT UP TO 2	RESTRICTION SELECT		TRACTED		HOL / DRUG SUSPE Cohol		CONDITION	STATUS 1		STATUS		T SELECT U
4			1 ,	=	HER DRUG		3	1	1	1		11 21
UNIT # NAME: LAST,	FIRST, MIDDLE		-			-			DATE OF BIRTH		AGE	GENI
0 2 CHRIS	TOPHER, ZACH	IARY,	L					0.6	2.9.1.9	8 . 2	2 3 7	N
ADDRESS: STREET, CITY, ST.									PHONE - INCLUDE AREA		العبنــ	
8971 N MAIN	ST, Windham, O	H 442	88									
	EMS AGENCY (NAME)		INJUREDT	AKENTO:	MEDICAL FACILITY	CNAME, CITY		- DOT-C	SEATING POSIT	ION AIR BAG	USAGE EJECTION	TRAP
5 TAKEN							USED 0 4	DOT-COMPLIANT 0		_ _2	1	1
L STATE OPERATOR L	ICENSE NUMBER		OFFENS	E CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER		
O. H. RY280	408		313.0	3C1		X	Traffic Contr	ol Sign		61702		
L CLASS ENDORSEMENT	RESTRICTION SELECT		VER TRACTED		HOL / DRUG SUSPI		CONDITION	AL.	COHOL TEST TYPE VALUE	STATUS	DRUG TEST(S	T SELECT
4		BY	8		_	RUUANA	1 .	1	1	1		
UNIT # NAME: LAST.	II L L L L L L L L L L L L L L L L L L		0	oi	HER DRUG				DATE OF BURY			Local
UNIT # NAME: LAST,	FIRSI, MIDDLE								DATE OF BIRTH		AGE	GEN
ADDRESS: STREET, CITY, ST	ATE 710					-		CONTACT	PHONE - INCLUDE AREA	11		1
NUMESO. STREET, CITY, ST	M) L, ZIF							CONTACT	FROME - INCLUDE AREA	A CODE		
NJURIES INJURED	EMS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	<u> </u>	SEATING POSIT	JON AIR RAG	USAGE EJECTION	N TRAP
TAKEN BY							USED		OMPLIANT ELMET			
L STATE OPERATOR L	ICENSE NUMBER		OFFENS	E CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITAT	TON NUMBER	1
						CODE						
DL CLASS ENDORSEMENT	RESTRICTION SELECT		VER TRACTED	ALCO	HOL / DRUG SUSP	ECTED	CONDITION	AL STATUS	COHOL TEST	STATUS	DRUG TEST(S) LT seleli
		BY	1,0,0,0		_	RUUANA						
INJURIES	SEATING POSITION		IR BAG	01	HER DRUG OL CLAS	S	OL RESTRIC	TIAN(S)	DRIVER DISTRA	CTION	TEST ST	ATHS
FATAL	1- FRONT - LEFT SIDE	1 - NOT DEP	STATE OF THE OWNER, TH		1-CLASS A		1-ALCOHOLINTER		1 - NOT DISTRACTED	C T S I	1 - NONE GIVEN	A 1 U 3
SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT MIDDLE	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT	E ONLY	2 - MANUÁLLY OPERAT		2-TEST REFUSED	
SUSPECTED MINOR INJURY	3- FRONT - RIGHT SIDE	3 - DEPLOY			3-CLASS C		3 - CORRECTIVE LE	NSES	ELECTRONIC COMM DEVICE (TEXTING, 1		3 TEST GIVEN, CO SAMPLE / UNU!	
POSSIBLE INJURY NO APPARENT INJURY	4 - SECOND - LEFT SIDE	4 - DEPLOY 5 - NOT APP	ED BOTH FRO	MI1/2IDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A RUS	DIALING)	racr	4 - TEST GIVEN, RE	
	(MOTORCYCLE PASSENGER)	Validation of the	MENT UNKNO	WN	5 - MJC MOPED ONLY		6-EXCEPT CLASS		3 - TALKING ON HANDS COMMUNICATION D		5-TEST GIVEN, RE	
NJURED TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE			N. I.S.	6 - NO VALID OL	7.	& CLASS B BUS		4 - TALKING ON HAND-		UNKNOWN	
NOT TRANSPORTED /Treated at scene	7-THIRD - LEFT SIDE	E.	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 INTERMEDIATE		COMMUNICATION D	THE RESERVE OF THE PERSON NAMED IN	ALCOHOL TE	ST TY
EMS	(MOTORCYCLE SIDE CAR)	1-NOTEJE	SPEASE SHOOT	70.13	H - HAZMAT		RESTRICTIONS	TICE MAE	ELECTRONIC DEVIC		1-NONE	
POLICE	8-THIRD - MIDDLE		LLY EJECTED		M - MOTORCYCLE		9 LEARNER'S PER	RMIT	6 - PASSENGER		2-BLOOD 3-URINE	
OTHER / UNKNOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3-TOTALLY			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY	I IGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		4-BREATH	
AFETY EQUIPMENT	OF TRUCK CAB	4 - NOT APP	LICABLE		N-TANKER Q-MOTOR SCOOTER		11 - LIMITED TO EM		8-OTHER DISTRACTIO		5-OTHER	77
NONE USED	11 - PASSENGER IN OTHER Englosed Cargo Area	Carl Instrumental C	RAPPED		R THREE WHEEL M	OTORCYCLE	12 - LIMITED - OTHI	R	THE VEHICLE 9-OTHER / UNKNOWN		DRUG TES	ТТҮР
SHOULDER BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRA			S - SCHOOL 8US	2 1 N	13 - MECHANICAL D (SPECIAL BRAK				1~ NONE	
LAP BELT ONLY USED SHOULDER & LAP BELT USED	12 - PASSENGER IN UNENCLOSED	2 EXTRICATED BY MECHANICAL MEANS			DATE OF THE PARTY	T DOUBLE & TRIPLE TRAILERS CONTRO		(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		N M	2 - BL00D	
CHILD RESTRAINT SYSTEM -	CARGO AREA 13-TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT		14 - MILITARY VEHI		1 - APPARENTLY NORM 2 - PHYSICAL IMPAIRM	STATE OF THE REAL PROPERTY.	3-URINE 4-OTHER	4
FORWARD FACING CHILD RESTRAINT SYSTEM –	14 RIDING ON VEHICLE EXTERIOR	140 I4-III C			GENDER	? 	15 - MOTOR VEHICLE	CHARLESTON CONTRACTOR	3 - EMOTIONAL (E.G., DE	PRESSED,	Company of the Company	
REAR-FACING	(NON-TRAILING UNIT)				F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRRO)R	ANGRY, DIST RBED) 4 - ILLNESS		DRUG TEST R	North-South
- BOOSTER SEAT	15 - NON-MOTORIST				U OTHER/UNKNOWN	N	17 - PROSTHETIC AL		5 - FELL ASLEEP, FAINT	ED,	2-BARBITURATES	
HELMET USED	99 - OTHER / UNKNOWN				The state of the s	45/	18 - OTHER		FATIGUED, ETC.		3 - BENZODIAZEPI	
- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							-11		6 - UNDER THE INFLUE OF MEDICATIONSY D		4 - CANNABINOTOS	
REFLECTIVE CLOTHING								1/2/2	/ALCOHOL		5 - COCAINE	
- LIGHTING PEDESTRIAN / BICYCLE ONLY				Fres					9- OTHER / UNKNOWN		6 -OPIATES/OPIO	IDŚ
- OTHER / UNKNOWN					3	V) 4 4 6	19456.00			FIRE	7-OTHER B-NEGATIVE RES	ULTS

OHIO DE	Some Department Occupant / Witness Addendum						LOCAL REPORT NUMBER						
2		OOOI ANTI 7	2,0,2,0,-,0,0,0,3,6,9,2,										
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS								, ,					
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACE	ILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	TAKEN					USED	DOT-COMPLIANT						
UNIT #	NAME. LAS	T, FIRST, MIDDLE			_		547	F OF SYNTH		105			
OWII &	NAME: LAS	i, Fiksi, MIDDEC					DATE OF BIRTH AGE GENDER						
ADDRESS	CTDSST OUTV	CTATE 210											
ADDRESS	: STREET, CITY,	STATE, ZIP	· ·				CONTACT PHONE	- INCLUDE AREA CO	DE				
TALILIPIES	I www.nee	Case a				I		1 1					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	°' —						MC HELMET						
UNIT#	NAME: LAS	T, FIRST, MIDDLE		DAT	E OF BIRTH		AGE	GENDER					
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
								1 1	I I	1			
INJURIES	INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	ВУ			,		USED	MC HELMET		, ,				
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
											- Line Lin		
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS							CONTROL HONE	- INCLUDE AREA CO	uc.				
INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FAC	HITY (NAME OTV)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAC HEACE	FIFETION	TRAPPED		
	TAKEN	and Maria (Maria)		THOUSED PARENTO, MEDICAL TAG	USED			STALING LASTITUM	AIR BAG USAGE	ESECTION	IRAPPED		
	INII	JRIES	SAFETY	Y EQUIPMENT USED		SEATING POS	MC HELMET		ALD DAC U	CACE			
1 - FAT	WITE STREET		1 - NONE US	ENTER CONTROL AND VOICE TO SERVICE TO SERVICE STREET		IT - LEFT SIDE		1 - NOT DE	AIR BAG U	JAGE			
经国际基础	3 3 4 7 7 3	RIOUS INJURY	of the same and the same street in	OCCUPANT	The second second second	ORCYCLE DRIV	ER)						
		INOR INJURY	2 - SHOULDI	ER BELT ONLY USED	2 - FRON	IT - MIDDLE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE						
#80 (2- No. 2)	SIBLE INJU		3 - LAP BEL	T ONLY USED		IT - RIGHT SID							
	APPARENT	Selection of the select	4 - SHOULDI	ER & LAP BELT USED		ND – LEFT SID ORCYCLE PASS		FRONT/SIDE					
			A STATE OF THE PERSON NAMED IN COLUMN TO A PERSON NAMED IN	ESTRAINT SYSTEM -	5 - SECOND - MIDDLE			5 - NOT APPLICABLE					
The second		TAKEN BY	FORWAR				DE 9 - DEPLOYMENT UNKNO			NOWN			
Section (section)	TRANSPOR	COMMENT STATE STATE OF STATE O	6 - CHILD R	ESTRAINT SYSTEM - CING	CAR)		EJECTION						
2 - EMS	CHAMP TO		7 - BOOSTER			1 - NOT EJ	W.		المحدد الإس				
3 - POL			8 - HELMET		- A Column to the last	D – RIGHT SIDI		to the same of	2 - PARTIALLY EJECTED				
115500000	IER / UNKN	OWN	A CONTRACTOR	TIVE PADS USED	The Party of the P	PER SECTION ENGER IN OTH	をは、10mmのでは、10mmであった。	L. Carlotte	Y EJECTED				
10000		NDER		KNEES, ETC.)	CARG	O AREA (NON-T	RAILING UNIT, 4 - NOT APPLICA						
F-FEM	SELASTICAL		10 - REFLECT	TIVE CLOTHING		PICK-UP WITH CA			TRAPPI		というなどに		
M - MAL	The State of the S		11 - LIGHTIN / BICYCL	G - PEDESTRIAN		ENGER IN UNE SO AREA	NCLUSED	1 - NOTTR		E D	10 A 31		
Ù - OTHI	ER/UNKNO	WN	99 - OTHER /	Maria Ma	13 - TRAI	LING UNIT		CAI					
			33- OTHER7	ONKINOWN	BALL OF THE PARTY OF	NG ON VEHICLE TRAILING UNIT)	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS					
						MOTORIST		3 - FREED	BY NON-ME	CHANIC	AL		
					THE PROPERTY OF THE PARTY.	ER/UNKNOWN		MEANS					
NAME: L	AST, FIRST, MID	DLE					DAT	E OF BIRTH		AGE	GENDER		
MIL	LIGAN	, KAYLA, ELI	ZABETH				0,4,2,	8,1,9	9 0	2,9	F		
>	S: STREET, CITY	A.V.	VALUE.				CONTACT PHONE	- INCLUDE ARFA CO	inf				
377 N	MAIN	ST 201, Muni	oe Falls,	OH 44262									
	NAME: LAST, FIRST, MIDDLE							E OF BIRTH		AGE	GENDER		
KWA	LLEK,	MANDI, EH		فسرج الإصلاد		4440	0,7,1,	4,1,9,	8,7	3,2,	F		
ADDRES!	S: STREET, CIT						CONTACT PHONE	- INCLUDE AREA CO	DDE				
584 N	NARRA	GANSETT DE	R,Akron,,	OH 44305			L						
0	AST, FIRST, MID						DA	TE OF BIRTH		AGE	GENDER		
		STIN, CHRIS	TOPHER				1,1,0,			2,2,	M		
>	S: STREET, CIT						CONTACT PHONE	E - INCLUDE AREA CO	DE				
140 I	HANES	RD, Aurora,	OH 44202				1						

OHIO DEP	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER					
		oooi Aiti 7	******	JO TIBBENDON			2 0 2 0	- 0 0	0,0,3	6,9	, 2 ,		
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE						
DDRESS:	STREET, CITY,	STATE 71P					CONTACT PHONE - INCLUDE AREA CODE						
	-							1 1					
NJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT	- DOT Communication	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPE		
	TAKEN BY					USED	DOT-COMPLIANT			ــــا ا			
NIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
DDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
UURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AJR BAG USAGI	ELECTION	TRAPPE		
	TAKEN BY				USED	MC HELMET	1	, and the control					
JNIT#	NAME: LAS	NAME: LAST, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
								1. 1					
DDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
		1				1		1 1	I	1 1	1		
NJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPE		
LIMITE #		T FIRST MIRRIE						E OF BIRTU		1 L	CENDER		
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE						
DDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
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NJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPE		
	BY L		1				MC HELMET			ـــــال	L		
1 - FAT	2020 0 20 NO	JRIES	1 - NONE US	Y EQUIPMENT USED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEATING POS	SITION	1 - NOT DE	AIR BAG L	JSAGE			
		RIOUS INJURY	The state of the s	OCCUPANT		ORCYCLE DRIV	ER)		YED FRONT				
		INOR INJURY	2 - SHOULD	ER BELT ONLY USED	The property of the same	IT – MIDDLE	3 - DEPLOYED SIDE						
4 - POS	SIBLE INJU	JRY		BELT ONLY USED 3 - FRONT - RIGHT SID 4 - SECOND - LEFT SID ULDER & LAP BELT USED (MOTORCYCLE PAS: D RESTRAINT SYSTEM - 5 - SECOND - MIDDLE			E 4 - DEPLOYED BOTH						
5 - NO A	PPARENT	INJURY					SENGER)	FRONT/SIDE 5 - NOT APPLICABLE					
100	INJURED	TAKEN BY	The second property and the second party	D FACING	DE 9 - DEPLOYMENT UNKNOWN								
Street and income of the	TRANSPOR	Condensation of the Control of the C	6 - CHILD R REAR FA	ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	CAR)						
2 - EMS		CENE	7 - BOOSTE			D - MIDDLE		1 - NOT EJ	EJECT	IUN	449		
3 - POL			8 - HELMET		A Sur a state	D - RIGHT SID	OF TRUCK CAB 2 - PARTIALLY E						
9 - OTH	ER / UNKN	NWO	And the second of the second o	TIVE PADS USED	EM MEDICALITY		ER ENCLOSED	ENCLOSED 3 - TOTALLY EJECTED					
THE REAL PROPERTY.	GE	NDER		KNEES, ETC.)	CALL STREET, S	O AREA (NON-T	4-NOI AFFLICADEL						
F-FEMA				TIVE CLOTHING G = PEDESTRIAN	12 - PASS	ENGER IN UNE			TRAPP	ED			
M - MALE / BICYGLE ONLY U - OTHER / UNKNOWN					Y I GEN HELD TO	O AREA LING UNIT		1 - NOTTRAPPED					
0 - 0111	LK7 UNKNO		99 - OTHER /	UNKNOWN	14 - RIDII	NG ON VEHICLI	EXTERIOR	2 - EXTRICATED BY MECHANIC MEANS			CAL		
						TRAILING UNIT)		1 6 6 6 7 5 6	BY NON-M	ECHANIC	AL		
						R / UNKNOWN		MEANS	3				
	AST, FIRST, MID							E OF BIRTH		AGE	GENDE		
		ON, KEVIN,	JAMES				CONTACT PHONE			2 1	M		
	5: STREET, CITY V MAIN		OH 44240				COMINGIPHUNE	- INGLUDE AREA PA					
480 W MAIN ST B ,Kent, ,OH 44240 NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDE			
ADDRESS	S: STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	IDE		MANUS DE		
NAME-14	AST, FIRST, MID	DLE					DAT	E OF BIRTH		AGE	GENDE		
strome: L	, insi, miu						JA I	I _ I		AGE	SEMBE		
ADDRESS	S: STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		.1		
								1 1	1	1			



LOCAL REPORT NUMBER

2,0,2,0,-,0,0,0,3,6,9,2

1 FLIPPED ON ITS LEFT SIDE AFTER
IMPACT AND RETURNED UPRIGHT AFTER STRIKING THE CURB.

HSY8306 OH1M 1/19 [760-1500]