OND DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER*				
PHOTOS TAKEN OH-2 OH-5	2 + 0 + 2 + 2 + - + 0 + 0 + 0 + 0 + 0 + 5 + 6 + 8 +										
SECONDARY CRASH		G AGENCY NAME* f Kent Police		Nove III readilla de la companya de	NCIC*		NUMBER OF UNITS	UNIT IN ERROR			
PRIVATE PROPE	[0]	6 7 0 3	1 - SOLVED LJ 2 - UNSOLVED	0,2	0 1 99 - UNKNOWN						
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*						CRASH DATE / T	IME*	CRASH SEVERITY 1 - FATAL			
6 7 1 2-VILLAGE Kent			[0 1 1 5 2 0 2 2		2 - SERIOUS INJURY						
ROUTE TYPE ROUTE NUMBER PREFIX N - NOI S - SOU 2 E - EAS W - WE	JTH	ROAD NAME			ROAD TYPE	LATITUDE DEC	IMAL DEGREES	SUSPECTED 3 - MINOR INJURY			
	2 E-EAST WATER					[4]1] ₀ [1]5 2]	7 0 7	SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX N - NOI S - SOL E - EAS	JTH	CE ROAD NAME (ROAD,	MILEPOST, HO	USE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE			
E - EAS					$S_{\perp}T_{\perp}$	-[8 ₁ 1 ₁₀ [3 ₁ 5 ₁ 8 ₁	1 3 8	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE	ROUT	E TYPE	- ALLEY I	ROAD TYPE	RD - ROAD		NTERSECTION REL	ATED			
1 2-MILE POST 1 S-SOUTH	US - FEDERAL U	300		A - LANE	SQ - SQUARE	X WITHIN INTER	RSECTION OR ON API	PROACH			
3-HOUSE # E-EAST W-WEST	SR - STATE ROU	JIE	- BOULEVARD		ST - STREET	WITHIN INTER	RCHANGE AREA	NUMBER OF APPROACHES			
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE		D COUNTY ROUTE CT		OV - OVAL PK - PARKWAY	TL - TRAIL	-TERRACE -TRAIL ROADWAY					
1-MILES 2-FEET 2 13-YARDS	TR - NUMBEREI	l Div		PI - PIKE	WA - WAY	ROADWAY DIV	IDED				
				PL - PLACE	107						
LOCATION OF FIRST HARMFUL 1 - ON ROADWAY 9 - CROSS		1 - NOT	COLLISION 4	COLLISION/IMP - REAR-TO-REAR		DIRECTION OF TRAVEI		EDIAN TYPE DED FLUSH MEDIAN			
	EWAY/ALLEY ACC	2 . TW	O MOTOR .	- BACKING - ANGLE		S - SOUTH	(<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)				
4 - ON ROADSIDE 12-SHAR	RED USE PATHS O	V L1	ANSPORT 7	- SIDESWIPE, SA		E - EAST W - WEST					
5-ON GORE TRAIN 6-OUTSIDETRAFFIC WAY 13-BIKE		2 - REA 3 - HEA		 SIDESWIPE, 0P OTHER / UNKN 			1	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN			
7 - ON RAMP 14-TOLL	BOOTH R/UNKNOWN							'TYPE) ER/UNKNOWN			
O-OT NAME		NE TYPE	LOCATION	U OE OBACH IN N	VODY 70115	CONTOUR	CONDITIONS	SURFACE			
WORK ZONE RELATED	WORK ZO 1 - LANE CLOS			N OF CRASH IN WORK ZONE - BEFORE THE 1ST WORK ZONE		1	1	2			
WORKERS PRESENT	2 - LANE SHIF 3 - WORK ON S	T/CROSSOVER	2 -	WARNING SIGN ADVANCE WARN	ING AREA		1 - DRY	1 - CONCRETE			
LAW ENFORCEMENT PRESENT	OR MEDIAN		3 -	TRANSITION AR		2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP,			
ACTIVE SCHOOL ZONE	100	ACTIVITY AREA TERMINATION A	REA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT					
LIGHT CONDITION		WEATI	JED.			4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK			
1 - DAYLIGHT		1-CLEAR	6 - SNOW				5 - SAND, MUD, DIR OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0.1	2 - CLOUDY		CROSSWINDS	WINING TS		6 - WATER (STAND MOVING)	ING, 5 - DIRT			
					ZING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN			
5 - DARK – UNKNOWN ROADWAY LIGH 9 - OTHER / UNKNOWN	HTING	5 - SLEET, HAIL	99 - OTHER	UNKNOWN			9 - OTHER/UNKNO\	WN			
NARRATIVE								Indicate the north			
		T • C					<	direction with an "N" on the			
Unit 2 was stopped on S. W								compass diagram.			
stopped for pedestrian cr	ossing in a	a crosswalk.	Unit								
1 was behind Unit 2 and 1	failed to m	naintain an									
assured clear distance ah	ead strikir	ng Unit 2.									
			(11)				S. WATER SI				
						- Amin	s,	•			
					W. ERIE ST.						
					CONTRACTOR OF THE PARTY OF THE	OCCUPANT OF THE PARTY OF THE PA					
)						
						No	t To Scale				
				-		l H	1				
ODACH DEPOSTED DATE (TIME	DICDATO	I DATE /TIME	-	DIVAL BATE /T	NAE T	COENE OLEADE	D DATE /TIME	DEDOTTAVENDY			
CRASH REPORTED DATE / TIME		H DATE / TIME		RIVAL DATE /TI		SCENE CLEAREI		REPORT TAKEN BY POLICE AGENCY			
0 1 1 1 5 2 0 2 2 1 1 3 4 8 0			0,1,1,5	2,0,2,2,/			2 / 1 4 1 8	MOTORIST			
TOTAL TIME OTHER ROADWAY CLOSED INVESTIGATION TIME		fficer's name* Auckland, Ky	le			ficer's name* ser, James		SUPPLEMENT			
			BADGE NUMBE	R*		ED BY OFFICER'S BADGE	E NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)			
	2 .	5 5	т в								

LOCAL REPORT NUMBER

2 + 0 + 2 + 2 + - + 0 + 0 + 0 + 0 + 0 + 5 + 6 + 8

l l	,			OWNER PHONE: INCLU	DE AREA CODE (SAME AS DRIVER)	DAMAGE Damage scale			
OWNER ADDRESS: STREET, CITY, STATE, ZIP ([X] SAME AS ORIVER)					7	1 NONE 3 FUNCTIONAL DAMAGE			
4	ST ,Kent ,OH 44240	-				2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE			
COMMERC	IAL CARRIER: NAME, ADDRE	ESS, CITY, STATE, ZIP		COMMERCIAL CARRIER	HONE: INCLUDE AREA CODE	9 - UNKNOWN			
	1.702.102.21	l vena	E IDENTIFICATION #	VEHICLE YEA	R VEHICLE MAKE	DAMAGED AREA(S) INDICATE ALL THAT APPLY			
LP STATE	LICENSE PLATE # GGD1054		E IDENTIFICATION # 0 R X V 1 2 6 1 3			Ø	12		
			NSURANCE POLICY#	COLOR	VEHICLE MODEL	11 12	11 12		
INSURAN VERIFIE		I.	K3851863	BLK	SILVERADO	10 1 2	10		
СОММЕЯ	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY	NAME	9 9 3 3	3 9 9 3 3		
	<u> </u>		HICLE WEIGHT GVWR/GCWR		US MATERIAL	8 4 -			
INTERL	HIT/SKIP UNIT		1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	RELEASED	LASS # PLACARD ID #	8 7 8 5 4	8 6 6		
EQUIPP			3 - >26K LBS.	PLACARD L		7 6	12 7 6		
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED		.8 - LIMO (LIVERY VEHICLE) .9 - Bus (16+ passengers)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	11 2 2		
0 4	3 - SPORT HTG ITY VEHICLE	9 - AUTOCYCLE	14-SINGLE UNITTRUCK	O-OTHER VEHICLE	25 - OTHER NON-MOTORIST	_	10 2		
UNIT TYPE	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR	26-BICYCLE 27-TRAIN	9 V	8 1 4		
B.		11 - ALL TERRAIN VEHICLE	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 8 4		
	# of TRAILING UNITS	(VTU/VTA)				12	7 5 12 1		
1	WAS VEHICLE OPERATING IN AUT	ronomous	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	11 12	12		
ຳ	MODE WHEN CRASH OCCURRED?		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		10 11 2	$\frac{10}{10}$ $\frac{11}{10}$ $\frac{1}{2}$ $\frac{2}{2}$		
	1-YES 2-NO 9-OTHER/UNKN	OWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		9 9 1 1 3	3 9 9 3		
		6 - BUS - CHARTER/TOUR		L6 - FARM	21 - MAIL CARRIER	8 4 7			
	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY		L7 - MOWING 18 - Snow Removal	99-OTHER/UNKNOWN		8 7 6		
		9 - BUS - OTHER		19 - TOWING	1	0	6		
		10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT			12 12 12			
10 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER Motor Vehicle	61114444	8 - POLE	12 - CONCRETE MIXER	. 12			
CARGO		4 - LOGGING		9 - CARGOTANK 10 - Flat Bed	13-AUTOTRANSPORTER 14-GARBAGE/REFUSE	a AA a	3 9 1 3 9 1 3		
BODY Type			# AB (11) (A) (18) (B) (B) (1) (B)	11-DUMP	99-OTHER/UNKNOWN		3 9 7 3 9		
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTORTROUBLE	99-OTHER/UNKNOWN	6			
VEHICLE	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT			6 6 6		
DEFECTS		6 - TIRE BLOWOUT			TO FINAL PRODUCT	☐-NO DAMAGE	[0] -UNDERCARRIAGE [14]		
	CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED		9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	12-FIRST RESPONDER At incident scene	☐-TOP [13]	-ALL AREAS [15]		
NON-MOTORIST LOCATION	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK	8 - SIDEWALK	11 - SHARED USE PATHS OR	99-OTHER/UNKNOWN		TI NOT AT SCENE [16]		
AT IMPACT		5 -TRAVEL LANE - OTHER LOCATION		TRAILS	30 10000111110	<u> </u>	II NOTAL OVERE LIUJ		
_	1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING		13 - NEGOTIATING A CURVE 14 - Entering or Crossing	18-APPROACHING OR LEAVING VEHICLE		AL POINT OF CONTACT		
	3-STRIKING 0 1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION	19-STANDING	0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 1 - 2 - 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE			
ACTION	ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10 - PARKED			15 - WALKING, RUNNING, JOGGING, PLAYING	20-OTHER NON-MOTORIST 21-STANDING OUTSIDE	DIAGE			
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN 6 - MAKING LEFTTURN	IN LIVELLIA	16 - WORKING	DISABLED VEHICLE	13 - TOP			
	9 - OTHER / UNKNOWN		12 - DRIVERCEGO	17 - PUSHING VEHICLE	99-OTHER / UNKNOWN		TRAFFIC		
	1 - NONE	7 - LEFT OF CENTER	DADI/ED DOCITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL		
0.0	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8-FOLLOWING TOO CLOSE / AC 9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	EQUIPMENT	23-OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN		
0 8	A - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING	ROADWAY 99-OTHER IMPROPER ACTION	2 2-1WU-WAY	3 - FLASHER 6 - NO CONTROL		
CIRCUMSTANCES	5 - UNSAFE SPEED 6 - IMPROPERTURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING		20 - IMPROPER CROSSING	77*OTHER BULLOCER ACTION	# of through lanes	RAIL GRADE CROSSING		
CIRCUMSTANCES SEQUENCE	OF EVENTS	ZE-IMI NOT CH DAVAING			1000	ON ROAD	1 - NOT INVOLVED		
<u> </u>	70 Stanta (**)		NON-COLLISION	SZ BARDINAVIENIO	22 MODE TONE MAINTENANCE	2	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT		AN MATARIAT BYARATTAN		
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL	18 - ANIMAL DEER	23 - STRUCK BY FALLING, Shifting Cargo or	UNIT/N	ON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST		
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13-OTHER NON-COLLISION	19 - ANIMAL — OTHER 20 - MOTOR VEHICLE IN	ANYTHING SET IN MOTION By a motor vehicle		2 - SOUTH 6 - NORTHWEST		
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN 15-PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM 1 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
3		COLLISI	ON WITH FIXED OBJECT	- STRUCK		-	9 - OTHER / UNKNOWN		
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	UNIT SPEED	DETECTED SPEED		
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	51 - WALL	OHLI SPEED	1 - STATED/ESTIMATED SPEED		
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34-MEDIAN GUARDRAIL Barrier	SUPPORT 40 - UTILITY POLE	46 - FENCE 47 - MAILBOX	52-BUILDING 53-Tunnel	0 1 0	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	OR SUPPORT 42 - CULVERT	49 - FIRE HYDRANT	99-OTHER / UNKNOWN				
1 1	FIRST HARMFUL EVE	1	HARMFUL EVENT			2 5			
HSY8304 O	H1U 1/19 [760-0820]					wil	PAGE 2		



LOCAL REPORT NUMBER

[2,0,2,2,-,0,0,0,0,0,5,6,8,...]

UNIT#	OWNER NAME - LAST FIRST	MIDDLE (CISAME AS DRIVED)		OWNER PHONE OF THE	TE LEEL FORE A TOLKE AS DOLVER	DAMAGE				
0 12 1						DAMAGE SCALE				
OWNERA	NER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER)					2 1 - NONE 3 - FUNCTIONAL DAMAGE				
25400 R	OCKSIDE RD 317 ,BI	EDFORD HEIGHTS	,ОН 44146			2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
COMMER	CIAL CARRIER: NAME, ADDRE	ESS, CITY, STATE, ZIP		COMMERCIAL CARRIER I	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
						DAMAGED AREA(S) INDICATE ALL THAT APPLY				
LP STATE			IDENTIFICATION#	VEHICLE YEA	.	INDICAL	E ALL I HAI APPLY			
$\mathbf{O} \setminus \mathbf{H}$	HNR2502		$J_{1}I_{1}F_{1}M_{1}2_{1}I_{1}9_{1}5$			11 12 1	11 12 1			
INSUR VERIF	ANCE INSURANCE COMPA		SURANCE POLICY #	COLOR	VEHICLE MODEL JETTA	12	12			
L J VERIF	TYPE OF USE	197	03438C2335 US DOT #	BLK	1		10/ 11/2			
Псомм	ERCIAL GOVERNMENT	IN EMERGENCY RESPONSE	03 001 #	TOWED BY: COMPANY	NAME		9 9 3 3			
- h		VEU	ICLE WEIGHT GVWR/GCWR		US MATERIAL	8 4	0 4			
INTE	RLOCK CE HIT/SKIP UNIT	#UCCUPANTS	1 - ≤10K LBS.	I I RELEASED	LASS # PLACARD ID #	8 7 5 4	8 7 5 4			
EQUI	PPED	0 2	2 - 10,001 - 26K LBS. 	PLACARD L		7 6 5	12 7 6 5			
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	0 11	12 6			
0,1	2 - PASSENGER VAN (MINIVAN)			19-BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANYTYPE)	10	11 2			
	J - OF UNI UTILITY TEHROCE			20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	, harme	10 2			
01121111	5 - CARGO VAN	DIAMALE		21 - HEAVY EQUIPMENT 22 - Animal With Rider or	26-BICYCLE 27-TRAIN	St. Committee	8 1 4			
		11-ALL TERRAIN VEHICLE	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 3 4			
	# of TRAILING UNITS	(VTU/VTA)				49 7	6 12			
			······································			11 12 7	6 11 1			
NE NE	WAS VEHICLE OPERATING IN AUT MODE WHEN CRASH OCCURRED	٠		3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	10	10			
, 2	1-YES 2-NO 9-OTHER/UNKN	OWN AUTONOMOUS		4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 2	10 2			
		MODE LEVEL				9 9 3	9 9 3			
		6 - BUS - CHARTER/TOUR		16-FARM	21 - MAIL CARRIER					
01	2 · TAXI	7 - BUS - INTERCITY		17 - MOWING	99-OTHER/UNKNOWN	8 6				
SPECIA	3 - ELECTRONIC RIDE SHARING IN 4 - SCHOOL TRANSPORT	9 - BUS - SHUTTLE 9 - BUS - OTHER		18-SNOW REMOVAL 19-TOWING		7 6	7 5			
FUNGIR	5 - BUS - TRANSIT/COMMUTER		15-CONSTRUCTION EQUIPMENT							
	1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	8 - POLE	12-CONCRETE MIXER		12 12 12			
$\lfloor 0 \rfloor 1$	/ NOT APPLICABLE	MOTOR VEHICLE	CHASSIS	9 - CARGOTANK	13-AUTOTRANSPORTER	12 A A				
CARGO BODY	2 - BUS	4 - LOGGING		10-FLAT BED	14-GARBAGE/REFUSE	$R \bowtie R$	3 9 3 3			
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUMP	99-OTHER/UNKNOWN					
	. 1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99-OTHER/UNKNOWN	6				
VEHICL	E 2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10-DISABLED FROM PRIOR			6 6 6			
DEFECT	S 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	H-110 BOMBAGE	o i diversiminate (14)			
L_I	J CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	☐-TOP [13]	-ALL AREAS [15]			
LOCATIO		CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99-OTHER/UNKNOWN	∏.unī	T NOT AT SCENE [16]			
AT IMPA	ST					<u>—</u>				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	13 - NEGOTIATING A CURVE	18-APPROACHING OR LEAVING VEHICLE	AITINI	L POINT OF CONTACT			
4	2 - NON-COLLISION 3 - STRIKING 1 1 1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19-STANDING	0 - NO DAMAG				
ACTIO	N 4. STRUCK PRE-CRASE	4 - OVERTAKING/PASSING	10 - PARKED	15-WALKING, RUNNING,	20-OTHER NON-MOTORIST	0 6 1-12 - REFER	TO UNIT 15 - VEHICLE NOT AT SCENE			
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11-SLOWING OR STOPPED	JOGGING, PLAYING 16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP	99 - UNKNOWN			
	& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12-DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN					
		7 FET OF ACUTES			OT TANK IN DOLDS		TRAFFIC			
	1 - NONE 2 - FAILURE TO YIELD	7-LEFT OF CENTER 8-FOLLOWING TOO CLOSE / ACD	13 - IMPROPER START FROM A A PARKED POSITION	17 - VISION OBSTRUCTION 18 - Operating defective	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL			
Δ 1	A DIN DEBUIANT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	EQUIPMENT	23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN			
0 1	A DAM STOD SIGN	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/	ROADWAY	2 - TWO-WAY	3 - FLASHER 6 - NO CONTROL			
G CIRCUMSTAN	ING GES 5 - UNSAFE SPEED	11-DROVE OFF ROAD	16 - WRONG WAY	SPILLING 20 - IMPROPER CROSSING	99-OTHER IMPROPER ACTION	War Tupolious Auro				
<u> </u>	6-IMPROPERTURN	12-IMPROPER BACKING				# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
SEQUEN	CE OF EVENTS		Man activates	and the second		2	1 2 - INVOLVED-ACTIVE CROSSING			
	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE -	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
1 2 1	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL — FARM	EQUIPMENT	115177 / 510	AN MOTORICT DIDECTION			
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY	18 - ANIMAL DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	טאנו / אנ	ON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13-OTHER NON-COLLISION	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN	ANYTHING SET IN MOTION		2 - SOUTH 6 - NORTHWEST			
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14 - PEDESTRIAN	TRANSPORT	BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT	FROM 1 TO L	2 3 - EAST 7 - SOUTHEAST			
3 ∟ ⊥		AA: 1757	15-PEDALCYCLE	21 - PARKED MOTOR VEHICLE			4 - WEST 8 - SOUTHWEST			
	25 - IMPACT ATTENUATOR	GOLLISIO 31-GUARDRAIL END	IN WITH FIXED OBJEC 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			
	26 - BRIDGE OVERHEAD Structure	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES Support	45 - EMBANKMENT	51 - WALL 52 - Building		1 - STATED / ESTIMATED SPEED			
5	27 - BRIDGE PIER OR ABUTMEN	34-MEDIAN GUARDRAIL T Barrier	40 - UTILITY POLE	46 - FENCE 47 - MAILBOX	53 - TUNNEL	0 1 0 1 0	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	OR SUPPORT 42 - CULVERT	49 - FIRE HYDRANT	99-OTHER/UNKNOWN					
1	FIRST HARMEIN EVE		HARMEIII EVENT			2 5				

OHIO DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER					
OF PUBLIC SAFETY SAFETY - ESCUCE - PROTECTION	IOKIZI / IAOM-IAI	$2 + 0 + 2 + 2 + - + 0 + 0 + 0 + 0 + 0 + 5 + 6 + 8 + \dots$									
UNIT# NAME: LAST, FIR		DATE OF BIRTH AGE GENDER									
RS	, JACKSON, WILLIA	0 5 / 0 2 / 2 0 0 3 1 8 M									
ADDRESS: STREET, CITY, STAT	·	CONTACT PHONE - INCLUDE AREA CODE									
2 146 E ELM ST	,Kent ,OH 44240	L CEATING DOCK	ION AIR BAG USAGE EJECTION TRAPPED								
INJURIES INJURED EN	MS AGENCY (NAME)	INJURED TAKEN TO: M	MEDICAL FACILITY (1	NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED MC HELMET 0 1 1 1 1					
5 BY	OTHER MUSAUCD	OFFENSE CHARG	En I	LOCAL	0 4						
	CENSE NUMBER	333.03	-	CODE		n Speed Limits	21576				
O, H,	RESTRICTION SELECTUPTO3 DRIV	123			CONDITION	ALCOHOL TEST	DRUG TEST(S)				
SELECT UP TO 2	DIST		OHOL MAR			STATUS TYPE VALUE					
4		1 DOTH	ER DRUG		1						
UNIT # NAME: LAST, FI	•					DATE OF BIRTH					
	NIEL, MICAELA, LEI	NELLIE				0 9 / 0 3 / 2					
ADDRESS: STREET, CITY, STATE	·	D TEXAL	TC OII 44	116		CONTACT PHONE - INCLUDE ARE	A CODE				
9	IDE RD 317 ,BEDFOR		MEDICAL FACILITY		SACETY FOILIDMENT	SEATING POSI	TION AIR BAG USAGE EJECTION TRAPPED				
TAKEN	MS AGENCY (NAME)	INJURED IAKEN 10: I	HEDIOME PROTEILL	NAME, CITT	USED 0 4	DOT-COMPLIANT 0 1	1 1 1				
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		1 OTI	HER DRUG		1	DATE OF BIRTH AGE GENDER					
UNIT # NAME: LAST, FI	IRST, MIDDLE					/ / /	NAT ATHRE				
ADDRESS OF SET STATES	Tr 7ID	,				CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STA	IE, ZIV										
S INJURIES INJURED E TAKEN	MS AGENCY (NAME)	INJURED TAKEN TO:	MEDICAL FACILITY	(NAME, CITY)		DOT-COMPLIANT SEATING POS	ITION AIR BAG USAGE EJECTION TRAPPED				
TAKEN BY					USED	MC HELMET					
OL STATE OPERATOR LI	CENSE NUMBER	OFFENSE CHAR	GED	LOCAL	OFFENSE DES	CRIPTION	CITATION NUMBER				
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OL CLASS ENDORSEMENT SELECT UP TO 2	DIS	TRACTED	COHOL MA	ECTED RIJUANA	CONDITION	ALCOHOL TEST STATUS TYPE VALUE	STATUS TYPE RESULT SELECT UP 104				
	BY		HER DRUG	RIGUANA	`						
INJURIES	SEATING POSITION	AIR BAG	OL CLAS	s	OL RESTRI		on a record for the feet against the second to the contract of				
1-FATAL	1-FRONT LEFT SIDE 1-NOT DE (MOTORCYCLE DRIVER) 2-DEPLOY	分配子类的 人名马特 註	1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTE 2 - CDL INTRASTA		5일 : 14일				
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE 3 - DEPLOY		3 - CLASS C		3 - CORRECTIVE L	FURCTRONIC CON	AMUNICATION 3 TEST CIVEN CONTAMINATED				
4 - POSSIBLE INJURY	A OFFICE LEFT CIDE	ED BOTH FRONT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLAS	DIALING)	4-TEST GIVEN RESULTS KNOWN				
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER)	MENT UNKNOWN	5 - M/C MOPED ONLY		6 - EXCEPT CLAS	S A COMMUNICATION	I DEVICE 5 - TEST GIVEN, RESULTS				
INJURED TAKEN BY 1-NOT TRANSPORTED	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE		6 - NO VALID OL		& CLASS B BU 7 - EXCEPT TRAC	AALLAUMUALTIAN	ID-HELD				
/TREATED AT SCENE	A LOTADALIOL CAIDE OLD	JECTION	OL ENDORSE	MENT		E LICENSE 5 - OTHER ACTIVITY	WITH AN I MONE				
2 - EMS 3 - POLICE	A THIOD MATCHE	ECTED LLLY EJECTED	H - HAZMAT M - Motorcycle		9 - LEARNER'S PI	ERMIT 6-PASSENGER	2-BLOOD TION 3-URINE				
9-OTHER/UNKNOWN	TA ALECTED OF STANI	Y EJECTED	P - PASSENGER		RESTRICTION 10 - LIMITED TO D	THOSE THE VICTOR	IIVN				
SAFETY EQUIPMENT	OF TRUCK CAB	PLICABLE	N - TANKER Q - MOTOR SCOOTER	A.	11 - LIMITED TO E	MPLOYMENT 8 OTHER DISTRAC	TION OUTSIDE 5 - OTHER				
1 - NONE USED	ENCLOSED CARGO AREA	TRAPPED	R-THREE-WHEEL M	IOTORCYCLE	12 - LIMITED - OT	HER 9-OTHER/UNKNOV					
2 - SHOULDER BELT ONLY USED 3 - Lap Belt only USED	PICK-UP WITH CAP) 2 - EXTRI	CATEO BY	S - SCHOOL BUS T - DOUBLE & TRIPL	E TRAILERS	(SPECIAL BRA	KES, HAND	I NONE 2.BLOOD				
4 - SHOULDER & LAP BELT USED	12 - PASSENGER IN UNENCLOSED MECHA CARGO AREA 3 - FREED	INICAL MEANS By	X - TANKER / HAZMA	1 1 1 1	ADAPTIVE DE	VICES) 1 - APPARENTLY NO	RMAL 3-URINE				
FORWARD FACING	CHILD RESTRAINT SYSTEM - 13 - TRAILING UNIT NON-MECHANICAL MEANS 15 - MOTOR 15 - MOTOR						, DEPRESSED,				
6 - CHILD RESTRAINT SYSTEM - Rear facing	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		F-FEMALE		AIR BRAKES 16 - OUTSIDE MIR	ANGRY, DISTURBED) ROR 4 - ILLNESS	DRUG TEST RESULT(S) 1-AMPHETAMINES				
7 - BOOSTER SEAT	15 - NON-MOTORIST		M - MALE U - OTHER / UNKNOW	Ŋ	17 - PROSTHETIC	AID 5- FELL ASLEEP, FA	그는 살림이 가는 사람들이 되었다는 사람들이 되었다. 그는 그는 것은				
8 - HELMET USED 9 - PROTECTIVE PADS USED	99 OTHER/UNKNOWN				18 OTHER	FATIGUED, ETC. 6- under the infl	3 - BENZODIAZEPINES LUENCE 4 - CANNABINOIDS				
(ELBOW, KNEES, ETC.)						OF MEDICATIONS / Alcohol					
10 - REFLECTIVE CLOTHING 11 - Lighting – Pedestrián						9-OTHER/UNKNOV					
/ BICYCLE ONLY 99 - OTHER / UNKNOWN							7 - OTHER 8 - NEGATIVE RESULTS				
A A Many Amino III	医二氯甲基甲基乙酰甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	1. A	A second second		All States	and the state of the second of	in a property of the state of t				

OHIO DEF	OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER							
2							2,0,2,2,-,0,0,0,0,5,6,8,						
UNIT#		NAME: LAST, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER		
02		MCDANIEL, SUE, CAROLYN STREET, CITY, STATE, ZIP						0 9 / 2 1 / 1 9 6 5 5 6 F					
	400 ROCKSIDE RD 317 ,BEDFORD HEIGHTS ,OH 44146						CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT							SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
. 4	TAKEN 1				·	USED 0 4	DOT-COMPLIANT MC HELMET	0 3	1 1	1,	1		
UNIT#		T, FIRST, MIDDLE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1. <u> </u>		DAT	E OF BIRTH		AGE	GENDER		
ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COL	DE				
							<u></u>						
INJURIES	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMI			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT #		T FIDOT MIDDLE	·			<u> </u>		E OF BIRTH	<u> </u>	ACE	GENDER		
UNII#	NAME: LAS	T, FIRST, MIDDLE					/ /	/ /		AGE	GENDER		
ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE				
ADDRESS:		•											
INJURIES	INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facility	Y (NAME, CITY)	SAFETY EQUIPMENT	DOT-Compliant	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
<u> </u>	BY					L	MC HELMET			 			
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
								/			<u></u>		
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
TNILIBIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	V (MAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	AID BAG USAGE	FIECTION	TRAPPEN		
INCONILO	TAKEN BY	LING AGENCT (NAME)		MOUNTED PARENTO, MEDICAL PAGETY	1 Clarine, GITT	USED	DOT-COMPLIANT MC HELMET		AIR BAG GOAGE		IIIAI 3 LU		
	ILUI	JRIES	SAFETY	PEQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE	<u> </u>		
1-FATA	AL		1 - NONE US	and the second of the second o	5 to 1 to 10	IT - LEFT SIDE	rn)	1 - NOT DE	PLOYED				
		RIOUS INJURY		OCCUPANT ER BELT ONLY USED	 3.75 3.75 3.75 	ORCYCLE DRIV IT – MIDDLE	2 - DEPLOYED FRONT						
		INOR INJURY		FONLY USED		IT – RIGHT SIDI							
	SIBLE INJU APPARENT		4 - SHOULDE	ER & LAP BELT USED		ND – LEFT SIDE 4 - DEPLOYED BOTH ORCYCLE PASSENGER) FRONT/SIDE							
			5 - CHILD RE FORWARI	ESTRAINT SYSTEM -		ND - MIDDLE	5 - NOT APPLICABLE						
1 - NOT	TRANSPOR	TAKEN BY		ESTRAINT SYSTEM –		ND – RIGHT SII D – LEFT SIDE	DE PERTINENT ONKNOWN						
	EATED AT S		REAR FA		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE				EJECTI	0 N			
2 - EMS			7 - BOOSTER		di in alian and a single and a	D - NIDDLE D - RIGHT SIDE		1 - NOT EJ	1000				
3 - POL	ICE ER/UNKN(IAMC	8 - HELMET	IVE PADS USED	A LONG TO STATE OF THE STATE OF		OF TRUCK CAB 2 - PARTIALLY EJECTED HER ENCLOSED 3 - TOTALLY EJECTED						
2-0111		NDER		KNEES, ETC.)	CARG	GO AREA (NON-T	TRAILING UNIT, 4 - NOT APPLICABLE						
F-FEMA	professional and the			TVE CLOTHING		PICK-UPWITH CA SENGER IN UNE	The second secon		TRAPPI	ξD			
M - MAL	E.		/ BICYCL	G – PEDESTRIAN E ONLY	CARC	GO AREA		1 - NOT TE	RAPPED				
U - OTHE	ER/UNKNO	WN	99 - OTHER/	UNKNOWN	* 141	LING UNIT NG ON VEHICLE	EXTERIOR	2 - EXTRI	CATED BY M	ECHANI	CAL		
					The second second	-TRAILING UNIT) -MOTORIST		1 1 1 1 1 1	BY NON-ME	CHANIC	ÄL		
					.4.77 5 6 6 6 6 6	ER/UNKNOWN		MEAN					
	AST, FIRST, MIDI	DLE	· · · · · · · · · · · · · · · · · · ·		***************************************		DA	TE OF BIRTH		AGE	GENDER		
ADDRESS													
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
NAME	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER						
							dender						
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHON	E - INCLUDE AREA C	ODE				
									<u> </u>	1 1			
NAME: LA	AST, FIRST, MIDI	DLE					DA	TE OF BIRTH		AGE	GENDER		
ADDRESS	S: STREET CITY	/ STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS: STREET, CITY, STATE, ZIP													