OHIO DEPARTMENT TR	AFFIC CRASH	REPORT	*DENOTES M	ANDATORY FIELD FOR SU	PPLEME	NT REPORT	ı	OCAL REPORT NU	IMBER*
	OH-2 OH-3	LOCAL INFORMA	TION				2 0 2 1	- , 0 , 0 , 0 ,	0,3,0,7,2,
PHOTOS TAKEN	OH-1P OTHER	REPORTING AGE	NCY NAME*			NCIC*	HIT/SKIP	NUMBER OF UNITS	
SECONDARY CRASH	PRIVATE PROPERTY	City of Ke	ent Police	e	0,6	7,0,3	1 - SOLVED	0.2	9 9 98 - ANIMAL
DUNTY* LOCALITY*	LOCATION: CIT	TY, VILLAGE, TOWNSHI	p*		Lineari.		CRASH DATE /		CRASH SEVERITY
6 7 1 2-V	ILLAGE Kent						0,3,0,1,2,0,2,1,	/1255 5	1 - FATAL
ROUTE TYPE ROUTE NUM	MBER PREFIX 1-NORTH	LOCATION ROAD	NAME		- 1- 71	ROAD TYPE	LATITUDE DE	CIMAL DEGREES	2 - SERIOUS INJURY SUSPECTED
	2-SOUTH 3-EAST	MAIN			01	ST	41,15,3	7.7.7.	3 - MINOR INJURY SUSPECTED
ROUTE TYPE ROUTE NUM	4-WESI		D NAME (ROAD	, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE		4 - INJURY POSSIBLE
S R 43	2- SOUTH 1 3- EAST	MANTUA		tale years		ST	-8,1,3,6,2	5 0 0	5 - PROPERTY DAMAG
S R 43	DIRECTION 4-WEST			DOAD TUE		5 1			ONLY
1-INTERSECTION	FROM REFERENCE	- INTERSTATE ROU		ROAD TYF - ALLEY HW- HIGHW		-ROAD	541	INTERSECTION RI RSECTION OR ON A	
1 2-MILE POST 3-HOUSE #	E COUTU	- FEDERAL US ROL	116	/ - AVENUE LA - LANE		- SQUARE			4
	4-WEST SR	- STATE ROUTE	CI	L-BOULEVARD MP-MILEP R-CIRCLE OV-OVAL		- STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACH
DISTANCE FROM REFERENCE	UNIT OF MEASURE	- NUMBERED COUN	TY ROUTE CT	- COURT PK - PARKY		-TRAIL		ROADWAY	
- 47	2-FEET	- NUMBERED TOWN ROUTE	DI	R - DRIVE PI - PIKE E - HEIGHTS PL - PLACE		A - WAY	ROADWAY DI	/IDED	
LOCATION	3-YARDS	A)T				- N OTE			
1 - ON ROADWAY	OF FIRST HARMFUL EVE Y 9 - CROSSOVE		1 - NO	NNER OF CRASH COLLISIO FCOLLISION 4 - REAR-TO			DIRECTION OF TRAVE		MEDIAN TYPE TIDED FLUSH MEDIAN
0 1 2-ON SHOULDE		Y/ALLEY ACCESS	, 6 , TW	TWEEN 5- BACKING			2-SOUTH	. (<	4 FEET)
4 - ON ROADSIDI		GRADE CROSSING USE PATHS OR		HICLES IN 6-ANGLE ANSPORT 7-SIDESWI	PE, SAME	DIRECTION	3- EAST 4- WEST		TOED FLUSH MEDIAN 4 FEET)
5 - ON GORE	TRAILS	F		AR-END B-SIDESWI			4- WEST		'IDED, DEPRESSED MEDIA 'IDED, RAISED MEDIAN
6 - OUTSIDE TRA 7 - ON RAMP	14-TOLL BOO		3 - HE.	AD-ON 9-OTHER/	UNKNOW	N	1	(A)	IY TYPE)
8-OFF RAMP	99-OTHER/U	NKNOWN			915		maxm	9- OTI	1ER/UNKNOWN
WORK ZONE RELAT		WORK ZONE TY	PE	LOCATION OF CRAS			CONTOUR	CONDITION	S SURFACE
WORKERS PRESENT	_	- LANE CLOSURE - LANE SHIFT/CROS	SSOVER	1 - BEFORE TO WARNING		ORK ZONE	1	1	2
LAW ENFORCEMEN	3	-WORK ON SHOULD		2-ADVANCE		GAREA	1 - STRAIGHT LEVEL	1-DRY	1 - CONCRETE
		OR MEDIAN - INTERMITTENT O	R MOVING WOR	X 3-TRANSITION 4-ACTIVITY			2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP, BITUMINOUS,
ACTIVE SCHOOL ZO	ONE 5	- OTHER		5 - TERMINAT	TION ARE	A	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT
LIGHT C	ONDITION		WEATI	HER	11		9 - OTHER/UNKNOWN	5 - SAND, MUD, DI	RT, 4 - SLAG, GRAVEL,
1 - DAYLIGHT		1-CL		6 - SNOW				OIL, GRAVEL	STONE
1 2 - DAWN/DUSK 3 - DARK - LIGHT	TED ROADWAY	0,1 2-CL		7 - SEVERE CROSSWIN (E B - BLOWING SAND, SO		SNOW		6 - WATER (STANI MOVING)	3-DIKI
	WAY NOT LIGHTED	4 - RA	AIN	9 - FREEZING RAIN OR	FREEZI			7 - SLUSH	9 - OTHER/UNKNO
5 - DARK - UNKN 9 - OTHER / UNK	NOWN ROADWAY LIGHTIN KNOWN	G 5-SL	EET, HAIL	99 - OTHER / UNKNOW	N		1405-16	9 - OTHER/UNKNO	WN
IARRATIVE									Indicate the nor
Unit 1 was one	stbound on W	Main St. II	nit 2 was						direction with an "N" on the
									compass diagram
	n Mantua St.			ht					令
side of Unit 2	in the intersect	tion of the t	two						N
streets. Both	Drivers stated	they had th	ie green	Wall Towns			AT SECONDARIA ST	₩	
light. There v	were no indepe	ndent witne	esses. I						MAIN ST
observed the	functioning of	the signal f	or multip	ole -					\
cycles and it a	appeared to be	operating p	properly.	I	5 <u>F</u> >		CO 2	-	<u> </u>
am unable to	determine faul	t.		E. w. 2 Company	~	40.0	Ja!		
							S. MARTIA ST.	all be	Next to Chamba
	Seni B						S. I.S.		
							Ţ.	<u>r</u> l	
CRASH REPORTED D	DATE / TIME	DISPATCH DATE	TIME	ARRIVAL DAT	E/TIME		SCENE CLEARED	DATE / TIME	REPORT TAKEN BY
0,3,0,1,2,0,2,1	1,1,2,5,5,0,3	0,1,2,0,2,1,	/ 1,2,5,9	0,3,0,1,2,0,2	1,/,1	3,0,2	0,3,0,1,2,0,2	1,/,1,3,2,9	POLICE AGENCY
TOTAL TIME OADWAY CLOSED INVE	OTHER TOT	TAL OFFICER' THES Darre	s name* ah, Benja	min	CH VX	ECKED BY OFF	icer's name* George	M. W.	MOTORIST
		Daile		ADGE NUMBER*			BY OFFICER'S BADGE	NUMBER*	(CORRECTION OF ADDITE OF AM EXISTING REPORT SENT TO
0 0 0 0	6 0 0	0 2	2 6	1 1 1	111	2 4	3		The state of the s



2,0,2,1,-,0,0,0,0,3,0,7,2, UNIT # OWNER NAME: LAST, FIRST, MIDDLE (\$\infty\$ SAME AS DRIVER)

0 \ 1 \ BILL, MARGARET, M OWNED PHONE - INC. THE AREA PROF - TWICA ME AS DRIVER DAMAGE **DAMAGE SCALE** OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 2627 10TH ST , Cuyahoga Falls , OH 44221 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # INDICATE ALL THAT APPLY VEHICLE YEAR **VEHICLE MAKE** 2, T, 1, BURHE 0, GC 6, 9, 3, 8, 9, 5 2 0 1 6 O H CVM7833 **Toyota** INSURANCE POLICY # **INSURANCE COMPANY** INSURANCE VERIFIED COLOR VEHICLE MODEL ALLSTATE 980454547 **BRO** COROLLA TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE **Bakers Towing** HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED INTERLOCK CLASS # PLACARD ID # 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS $0 \ \underline{1}$ PLACARD 13 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24-WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNITTRUCK 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 HIT/SKIP (ATV / UTV) 00 # OFTRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS. 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION __ 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS **MODE LEVEL** 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 - TAXE 7 - BUS - INTERCITY 12-MILITARY 17 - MOWING 99-0THER/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 EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODYTYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 0,1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER CARGO 2 - RUS A . LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 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 B - TRAILER FOUIPMENT 10 - DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS DEFECTIVE ACCIDENT 6 - TIRE BLOWOUT - NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER CROSSWALK 4 - MIDBLOCK - MARKED AT INCIDENT SCENE 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS -TOP [13] -ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [16] 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 - ENTERINGTRAFFIC LANE 14 - ENTERING OR CROSSING _3 0, 1 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING ____ 3-STRIKING 9 - LEAVING TRAFFIC LANE 1 2 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING. ACTION 4- STRUCK 10-PARKED 20 - OTHER NON-MOTORIST DIAGRAM JOGGING, PLAYING 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 13 - TOP 16.-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 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 8 - FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT EQUIPMENT 9 - IMPROPER LANE CHANGE 23-OPENING DOOR INTO [0, 1]ILLEGALLY 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 2 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY 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 6 - IMPROPER TURN 12 - IMPROPER BACKING RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 **EVENTS** 1 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 2 - FIRE/EXP_OSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM **EQUIPMENT** TRAVEL 23-STRUCK BY FALLING. **UNIT / NON-MOTORIST DIRECTION** 18-ANIMAL - DEER 3 - IMMERSION B - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13-OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14 - PEDESTRIAN TRANSPORT FROM 4 TO 3 3 - FAST 7 - SOUTHEAST LOSS OR SHIFT 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - 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 51-WALL 33 - MEDIAN CARLE RAPRIER 39-LIGHT/LUMINARIES 45-EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52 - BUILDING 34 - MEDIAN GUARDRAIL 46 - FENCE , 0 , 2 , 5 27 - BRIDGE PIER OR ABUTMENT BARRIER 40-UTILITY POLE 2 - CALCULATED / EDR 53-TUNNEL 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 4B-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 , 2 , 5 , ullet First Harmful event ullet Most Harmful event

LOCAL REPORT NUMBER



LOCAL REPORT NUMBER

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

UNIT # 0 2	OWNER NAME: LAST, FIRST KANLIC, ED	, MIDDLE (SAME AS DRIVER		OWNER PHONE: INCL	BE AREA CODE (& AS INDIVER)	DAMAGE DAMAGE SCALE				
OWNER A	DDRESS: STREET, CITY, STATE,		MILE OF 11	126	-	1 - NONE 3 - FUNCTIONAL DAMAGE				
			VILLE ,OH 44		DUANE	2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN				
CUMMER	CIAL CARRIER: NAME, ADDRE	:aa, LIIY, STATE, ZIP		LOMMERCIAL GARRIER	PHONE: INCLUDE AREA CODE	DAMAGED AREA(S)				
LP STATE	LICENSE PLATE #		E IDENTIFICATION #	VEHICLE YE			TE ALL THAT APPLY			
O H	SSA2487	WAUBGAI	F ₁ C 9 ₁ C N0 ₁ 0 ₁ 6 ₁ :	2,6,5,2,0,1,	2 Audi	12	12			
INSUR/ VERIF	INSURANCE COMPA	INY	INSURANCE POLICY #	COLOR BLK	VEHICLE MODEL		12			
VEKIL.	TYPE OF USE	IDE !	9234J070207 US DOT #	TOWED BY: COMPAN	AA6	10 11 1 2	10 11 1			
СОММ		IN EMERGENCY RESPONSE				9 9 3	9 9 3 3			
INTER	LOCK		HICLE WEIGHT GVWR/GCWR	MATERIAL	US MATERIAL CLASS # PLACARD ID #	T 700 7				
DEVIC	E HIT/SKIP UNIT	0,2	1 - ≤10K LBS 2 - 10,001 - 26K LBS	RELEASED						
	1 946	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS	18-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	12 7 6 5			
0,1,		B - MOTORCYCLE 3-WHEELED	13-SNOWMOBILE	19-BUS (16+ PASSENGERS)	24-WHEELCHAIR (ANY TYPE)	10	11 1 2			
UNIT TYP	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14-SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	<i></i>	10 2			
1,20	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	8 1 4 3			
w	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17-MOTORKOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 6 5			
00	# of TRAILING UNITS					12	6 5 11 12 1			
10	WAS VEHICLE OPERATING IN A UT		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN		12			
2	MODE WHEN CRASH OCCURRED?		1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	4 - HIGH AUTOMATION		10 11 2	10 1 2			
	1-YES 2-NO 9-OTHER/UNKN	OWN AUTONOMOUS MODE LEVEL		5 - FULL AUTOMATION		9 9 3	3 9 9 3 3			
0.4	1 - NONE 6 - BUS - CHARTER/TO		11-FIRE	16-FARM	21 - MAIL CARRIER	8 4 7	8 4 7			
0,1	2 FI FETBONIC BIOC CHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTLE	12 - MILITARY 13 - POLICE	17 - MOWING 18 - SNOW REMOVAL	99-OTHER/UNKNOWN	Y Y				
SPECIAL FUNCTIO		9 - BUS - OTHER	14-PUBLIC UTILITY	19-TOWING		6	6 6			
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15-CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL			12 12 12			
0,1,	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	R 5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	12				
CARGO		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTANK 10 - FLAT BED	13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	· M ·				
BODY TYPE			7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN	, 60	a 3 9 T 3 9 8 3			
	1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR		7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99-OTHER/UNKNOWN	6	7 00			
VEHICLE		5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR ACCIDENT	THE PARTY OF		6 6 6			
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	VELEVIITE	REGISERY		- NO DAMAGE (0] - UNDERCARRIAGE [14]			
	***********	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	□-TOP (13)	-ALL AREAS [15]			
	T 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10-DRIVEWAY ACCESS 11-SHARED USE PATHS OR	99 - OTHER / UNKNOWN	HO ST THE TANK				
AT IMPAC		5 - TRAVEL LANE - OTHER LOCATI		TRAILS		IND - DI	T NOT AT SCENE [16]			
1000		1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	INITIA	L POINT OF CONTACT			
4		2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19-STANDING	0 - NO DAMAG				
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10-PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	0 4 1-12 - REFER	TO UNIT 15 - VEHICLE NOT AT SCENE			
W. Call	5 - BOTH STRIKING ACTIONS & STRUCK		11 - SLOWING OR STOPPED IN TRAFFIC	16-WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP	99 - UNKNOWN			
	9-OTHER/UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHING VEHICLE	99-OTHER/UNKNOWN		TRAFFIC			
	1 - NONE	7-LEFT OF CENTER	13-IMPROPER START FROM A	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
0 1		8-FOLLOWING TOO CLOSE / AC	DA PARKED POSITION 14-STOPPED OR PARKED	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
0.1	4 - RAN STOP SIGN	9-IMPROPER LANE CHANGE 10-IMPROPER PASSING	ILLEGALLY	19-LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	1 2 - TWO-WAY	2 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CONTRIBUTION CIRCUMSTANC	G ES 5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	SPILLING 20 - IN PROPER CROSSING	99 - OTHER IMPROPER ACTION	e Tupouou (toro				
Ĕ	6 - IMPROPER TURN	12 - IMPROPER BACKING		- Jay No. E. GROSGITA		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
SEQUENC	E OF EVENTS		EVENTS			2	1 2 - INVOLVED-ACTIVE CROSSING			
1,2,0		6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE	22 - WCRK ZONE MAINTENANCE	Laurence J	3 - INVOLVED-PASSIVE CROSSING			
		7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	17 - ANIMAL — FARM 18 - ANIMAL — DEER	EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NO	N-MOTORIST DIRECTION			
2		9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19-ANIMAL - OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION	The state of	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
121	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE 24 - OTHER MOVABLE CBJECT	FROM 1 TO L				
31]	15-PEDALCYCLE		21 - PARKED MOTOR VEHICLE	24 OTHER HOTROLE COSES		4 - WEST B - SOUTHWEST			
	25 - IMPACT ATTENUATOR	COLLISI 31-GUARDRAIL END	ON WITH FIXED OBJECT 37-TRAFFIC SIGN POST	F - STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER	38-OVERHEAD SIGN POST	44 - DITCH	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED			
51 1	STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	SUPPORT	45 - EMBANKMENT 46 - FENCE	52 - BUILDING	0,3,5,	1 - STATED / ESTIMATED SPEED			
	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX	53 - TUNNEL 54 - OTHER FIXED OBJECT	<u> </u>	2 - CALCULATED/EDR			
61	6 29-BRIDGE RAIL BARRIER OR SUPPO		OR SUPPORT	48-TREE 49-FIRE HYDRANT	99 OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
	30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT					3 5				
1	FIRST HARMFUL EVEN	T L MOST	HARMFUL EVENT							
HSY8304 (DH1U 1/19 [760-0820]						PAGE 3 OF 5			

CHIO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
sizery and										2 0 2 1 - 0 0 0 0 3 0 7 2					
UNIT #		NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER					
0,1		BILL, MARGARET, M							0,7,2,7,1,9,5,5,6,5,F						
		EF,CITY,STATE,ZIP H ST, Cuyahoga Falls, OH 44221								E - INCLUDE AREA CODE					
2027 I		EMS AGENCY (NAME)	,Un 4		TARENTE	MEDICAL PAGE TEV		CAPETY FAMILIAND		OCATINO DOCUMENTO		-	1-1		
E INJORIES	TAKEN BY	EMS AGENCY (NAME)		INJURED	IAKEN IC	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT 0 1			AG USAGE EJECTION TRAPPED			
OL STATE	OPERATOR	OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL OF				CRIPTION CITATION NUMBER					
O, H					CODE										
OL CLASS	ENDORSEMENT SELECTURTO2	RESTRICTION SELECT		J VER Tracted	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	ALC STATUS T	OHOL TEST	DRU STATUS TYP	G TEST(S	SELECT UPTO 4		
4 .		BY BY			ALCOHOL MARIJUANA			1	0.00			KESUL	SELECTUPIO4		
UNIT #	NAME: LAST,	EIDET MIDDLE			٥	THER DRUG		1							
0.2	KANL	•							0 2	DATE OF BIRTH	5 4	AGE 6:7	GENDER M		
	STREET, CITY, S									PHONE - INCLUDE AREA C		0 /	_IVI_		
14387	PIN OA	K DR ,STRONG	SVILI	LE .O	H 44	1136				THOUSE AREA C	JOE.				
0		EMS AGENCY (NAME)	_			: MEDICAL FACILITY	(NAME, CITY)		DOT-Co	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
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OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPECTED CONDITACTED ALCOHOL MARLJUANA			CONDITION	STATUS T	OHOL TEST YPE VALUE	DRU STATUS TYPE	G TEST(S RESULT	SELECT UPTO 4			
4			"	1		THER DRUG	(DURITA	1 1	1	1	1 1	11 11			
UNIT#	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY, ST	TATE, ZIP						-	CONTACT PHONE - INCLUDE AREA CODE						
010	(· —		·					<u> </u>				
INJURIES	INJURED TAKEN RY	EMS AGENCY (NAME)		INJUREDI	INJURED TAKEN TO: MEDICAL FACILITY CHAME, CITY SAFETY EQUIPMENT USED				DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DESI											
ORI				CODE			011211020200			OTTATION I	OMBER				
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	acces at 52		BA	MALIEU	=	_	RLIUANA		JIAIUS	PE VALUE S	JIAIUS TIFE	: KESBLI	SELECT DIP TO 4		
INJU	RIES	SEATING POSITION	A	IR BAG		THER DRUG OL CLASS	N TO SE	OL RESTRIC	TION(S)	DRIVER DISTRACT	ION	TEST STA			
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPL	LOYED		1 - CLASS A		1 - ALCOHOL INTER	LOCK DEVICE	1 - NOT DISTRACTED		IE GIVEN			
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTATI 3 - CORRECTIVE LEI		2 - MANUALLY OPERATING ELECTRONIC COMMUNI	CATION 3 TES	T REFUSED T GIVEN, CON	TAMINATED		
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYE		NT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	DEVICE (TEXTING, TY) DIALING)		NG, SAN	G, SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN			
5 - NO APPAREN	TINJURY	(MOTORCYCLE PASSENGER)		PPLICABLE (OHIO = D) DYMENT UNKNOWN 5 - M/C MOPED ONLY			5 - EXCEPT CLASS A 6 - EXCEPT CLASS A		COMMUNICATION DEVICE 5 - TEST GIVEN			THE PROPERTY.			
INJURED 1-NOTTRANSP	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE		6 - NO VALID OL			& CLASS B BUS 7 - EXCEPT TRACTO		4 - TALKING ON HAND-HEL COMMUNICATION DEVI	T T	NOWN				
/TREATED AT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	AND DESCRIPTION OF THE PERSON NAMED IN	ECTION	de de la cons	OL ENDORSEM	MENT	8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	ALC	OHOL TES IE	TTYPE		
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJEC 2 - PARTIALL	ECTED H - HAZMAT LLY EJECTED M - MOTORCYCLE			9 - LEARNER'S PER	MIT	ELECTRONIC DEVICE 1 - NOVE 6 - PASSENGER 2 - BLOOD						
9 - OTHER / UNK	NOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3 - TOTALLY I	Y EJECTED P - PASSENGER				RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - Breath			
green /gray from Judget hope	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	4 - NOT APPL	ICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTION OUTSIDE		5-OTHER			
1 - NONE USED 2 - SHOULDER B	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	TR 1-NOTTRAP	RAPPED R-THREE-WHEEL MOTORCYCLE			TORCYCLE	12 - LIMITED - OTHER 13 - MECHANICAL DEVICES		THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST TYPE			
3 - LAP BELTONLY USED PICK-UP WITH CAP) 2 - E			2 - EXTRICAT	CATED BY T DOUBLE & TRIPLE TRAILER			FRAILERS	(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - BLOOD			
Anna Charles and Land	LAP BELT USED RAINT SYSTEM -	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY			X - TANKER / HAZMAT		ADAPTIVE DEVIC	ES)	1 - APPARENTLY NORMAL	3-URII	NE			
FORWARD FA	CING	13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR	NON-MEC	ECHANICAL MEANS GENDER				14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		E THI MORE THE REMEDIE		4-OTHER			
REAR FACING		(NON-TRAILING UNIT) 15 - NON-MOTORIST				F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRROI		ANCRY, DISTURGED) 4 - ILLNESS	CARLES SAME AND ADDRESS.	HETAMINES	SULT(S)		
7 - BOOSTER SEA 8 - HELMET USE		33 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED,	2 - BAR	BITURATES	17 11 21		
9 - PROTECTIVE (ELBOW, KNE	PADS USED							18-OTHER		FATIGUED, ETC. 6 - UNDER THE INFLUENCE		ZODIAZEPINE Nabinoids	S		
10 - REFLECTIVE										OF MEDICATIONS / DRUG /ALCOHOL	5 - COC				
11 - LIGHTING - P /BICYCLE ON										9-OTHER/UNKNOWN	6-0PIA 7-0TH	TES/OPIOIDS			
99 - OTHER / UNK	NOWN								- 5			ATIVE RESUL	73		

Ū	OHIO DE	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
_				2.0.2.10.0.0.0.3.0.7.2.											
	UNIT#		T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER							
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CCUPAN		STREET, CITY,				CONTACT PHONE - INCLUDE AREA CODE									
000				JNGSVIL.	LE ,OH 44136										
	5	INJURED TAKEN BY	EMS ABENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	CILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT		AIR BAG USAG	E EJECTION	TRAPPED			
	UNIT #		T, FIRST, MIDDLE	-			0,4	MC HELMET	0,3	_ 1	1	1			
	ONTI	NAME: LAS	I, FIRST, MIDDLE		DAT	E OF BIRTH		AGE	GENDER						
AN A	ADDRESS:	STREET, CITY,	STATE, ZIP	-	CONTACT PHONE - INCLUDE AREA CODE										
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ĕ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	CILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TR							
	بــــــا	BY					USED	MC HELMET							
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N					DAT	E OF BIRTH		AGE	GENDER						
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7	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED			
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Ī	1 - FATA		URIES	Miles and the second	EQUIPMENT USED	U	SEATING POS	ITION	The Later Control of the	AIR BAG L	SAGE				
ı			RIOUS INJURY	1 - NONE US VEHICLE	OCCUPANT	The second section is the second	T – LEFT SIDE ORCYCLE DRIV	ER)	1 - NOT DEPLOYED						
	3 - SUSPECTED MINOR INJURY		2 - SHOULDE	R BELT ONLY USED		T - MIDDLE		2 - DEPLOYED FRONT 3 - DEPLOYED SIDE							
ı	4 - POSS	SIBLE INJU	RY	3 - LAP BELT			T – RIGHT SIDE ND – LEFT SIDE		4 - DEPLOYED BOTH						
	5 - NO APPARENT INJURY				R & LAP BELT USED STRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE	ENGER)	INGER) FRONT/SIDE 5 - NOT APPLICABLE						
N.		INJURED	TAKEN BY	FORWARD	FACING		ND - RIGHT SID	E	9 - DEPLOY		(NOWN				
١		TRANSPOR		The state of the s			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)								
ı				7 - BOOSTER		8 - THIRI	O-MIDDLE		EJECTION 1 - NOT EJECTED						
ı	3 - POLI	CE		8 - HELMET	USED		D – RIGHT SIDE PER SECTION O		2 - PARTIA		ECTED				
ı	9 - OTHE	ER/UNKNO	WN		IVE PADS USED KNEES, ETC.)	11 - PASS	ENGER IN OTHE	R ENCLOSED	3 - TOTALL	Y EJECTED					
I	C	A CONTRACTOR OF THE PARTY OF TH	DER		IVE CLOTHING		O AREA (NON-TR ICK-UP WITH CAP								
	F-FEMA M-MALE				- PEDESTRIAN		ENGER IN UNEI O AREA	NCLOSED							
		R/UNKNO\	WN	/BICYCLE		13 - TRAIL	ING UNIT	1 - NOT TRAPPED 2 - EXTRICATED BY MECH			ECHANI	HANICAL			
ı				,, other,			IG ON VEHICLE FRAILING UNIT)	EXTERIOR MEANS				AL			
ı						15 - NON-N			3 - FREED I	BY NON-ME	CHANIC	AL			
ł	NAME: LAS	T, FIRST, MIDDI	LE	P. A. J. S.		99 - OTHE	R / UNKNOWN								
E 22		,						DATI	E OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
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NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
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