OF DEPARTMENT TRAFFIC CRASH REPORT	*DENOTES MANDATORY FIELD FOR SUPPLE	MENT REPORT	LO	CAL REPORT NUMBE	R*		
PHOTOS TAKEN OH-2 OH-3 LOCAL INFO	2 0 2 2 - 0 0 0 0 2 0 9 7 3						
OH-1P OTHER REPORTING	AGENCY NAME*	NCIC*		NUMBER OF UNITS	UNIT IN ERROR		
SECONDARY CRASH PRIVATE PROPERTY City of	0,6,7,0,3	1 - SOLVED 0 2 98 - ANIMAL 0 2 99 - UNKNOWN					
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOV	CRASH DATE / TIME * CRASH SEVERITY  1 - FATAL						
6 7 1 2-VILLAGE Kent	1,2,1,9,2,0,2,2,/		2 - SERIOUS INJURY				
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH S - SOUTH LOCATION R S - SOUTH LOCATION R S - SUMM	LATITUDE DECIM		SUSPECTED 3 - MINOR INJURY				
TROUTE TYPE ROUTE NUMBER PREFIX N - NORTH REFERENCE	LITI E ROAD NAME (ROAD, MILEPOST, HOUSE #)	S T ROAD TYPE	4,1,0,1,5,0,1		SUSPECTED 4 - INJURY POSSIBLE		
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST FRAN	and the second s		Committee of the Commit	350V 06 PC - WAY C. 7500 St 35	5 - PROPERTY DAMAGE		
Section for the section of the secti		$A_{\perp}V_{\perp}$	-811 <sub>0</sub> 3,6,0,2		ONLY		
1-INTERSECTION FROM REFERENCE N - NORTH IR - INTERSTATI		RD - ROAD	l ==	NTERSECTION RELAT SECTION OR ON APPRO	3-0-7		
1 2-MILE POST S - SOUTH US - FEDERAL U	BI BOILLEVARD MD MILEDOST	SQ - SQUARE ST - STREET	WITHIN INTER		4		
W - WEST   SR - STATE ROUT  DISTANCE   DISTANCE   CR - NUMBERED	COUNTY ROLLTE CR - CIRCLE OV - OVAL	TE - TERRACE	WITHININTER	ROADWAY	IMBER OF APPROACHES		
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED	CT - COURT PK - PARKWAY	TL - TRAIL WA - WAY			5 地名美国巴里比尔 (1 7 2 9 0 0 m)		
2-FEET ROUTE	HE - HEIGHTS PL - PLACE		ROADWAY DIVI	DED			
LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IM		DIRECTION OF TRAVEL	1	IAN TYPE		
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCE	1 - NOT COLLISION 4 - REAR-TO-REA BETWEEN 5 - BACKING TWO MOTOR 5 - BACKING	IK.	N - NORTH	1 - DIVIDEI ( < 4 FE	D FLUSH MEDIAN ET )		
0 1 3-IN MEDIAN 11-RAILWAY GRADE CROSS 4-ON ROADSIDE 12-SHARED USE PATHS OR	VEHICLES IN	SAME DIDECTION	E - EAST	2 - DIVIDEI (≥4 FE	D FLUSH MEDIAN ET )		
5 - ON GORE TRAILS	2 - REAR-END 8 - SIDESWIPE, C		W-WEST	3 - DIVIDE	D, DEPRESSED MEDIAN		
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 7 - ON RAMP 14 - TOLL BOOTH	3 - HEAD-ON 9 - OTHER / UNKI	NOWN		(ANY TY			
8-OFF RAMP 99-OTHER/UNKNOWN				9 - OTHER/	UNKNOWN		
WORK ZONE RELATED WORK ZON			CONTOUR	CONDITIONS	SURFACE		
WORKERS PRESENT 1 - LANE CLOSE 2 - LANE SHIFT	7/CROSSOVER WARNING SIG	N	_1_	_1_	_2		
LAW ENFORCEMENT PRESENT 3 - WORK ON SHORT OR MEDIAN	HOULDER 2 - ADVANCE WAR 3 - TRANSITION A			1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,		
The state of the s	ENT OR MOVING WORK 4 - ACTIVITY ARE.			3 - SNOW	BITUMINOUS, ASPHALT		
ACTIVE SCHOOL ZONE 5 - OTHER	5 - TERMINATION	AREA	4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK		
LIGHT CONDITION 1 - DAYLIGHT	WEATHER  1 - CLEAR 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE		
. 1 . 2 - DAWN/DUSK	2 - CLOUDY 7 - SEVERE CROSSWINDS			6 - WATER (STANDING			
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, D 4 - RAIN 9 - FREEZING RAIN OR FRE		<u>.</u>	MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN			
					^		
NARRATIVE				G	Indicate the north direction with an "N" on the		
Unit 1 was traveling from west to east o	on Summit St.				compass diagram.		
Unit 2 was traveling from north to so	ıth on Franklin						
Ave. Unit 2 failed to yield at the red tr	affic			令			
signal, entered the intersection and st		FRAN	IKLIN AVE		)		
organi, entered the intersection and se	uch chic iv		l l	Not T	o Scale		
			]   [				
				PDI			
	<del>-</del>		— <u>\$</u>				
	CUMAN	MIT ST	UNIT 1				
	SUMIV						
			en B	× #			
CRASH REPORTED DATE / TIME DISPATCH	DATE / TIME ARRIVAL DATE / T	TIME	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY		
					X POLICE AGENCY		
	2,2,/,1,6,1,6,,1,2,1,9,2,0,2,2,, FICER'S NAME*		FICER'S NAME*	4//1/0/4/5	MOTORIST		
	llis, Charles	Gaydosl	h, Ryan		SUPPLEMENT (CORRECTION OR ADDITION		
	OFFICER'S BADGE NUMBER*	1000	ED BY OFFICER'S BADGE	NUMBER*	TO AN EXISTING REPORT SENT TO COPS)		
1, 0, 0, 0, 0, 0, 3, 0, 0, 5, 9, 2							
HSY7001 OH1 1/19 [760-0820]	2 6 0 1 1		1   3		PAGE 1		

LOCAL REPORT NUMBER

 $2 \cdot 0 \cdot 2 \cdot 2 \cdot 2 \cdot - 0 \cdot 0 \cdot 0 \cdot 2 \cdot 0 \cdot 9 \cdot 7 \cdot 3$ 

UNIT# (	WNER NAME: LAST, FIRST	, MIDDLE ( SAME AS DRIVER) NALD, EDW	rni		E AREA CODE ( SAME AS DRIVER)  C 149.43 (A)(1)(mm)		DAMAGE			
OWNER ADD	RESS: STREET, CITY, STATE,	ZIP (X SAME AS DRIVER)	142.40 (A)(1)(IIII)	DAMAGE SCALE  1 - NONE 3 - FUNCTIONAL DAMAGE 4 - DICARLING DAMAGE						
	CLINTON RE AL CARRIER: NAME, ADDRE	DOYLEST(	OWN ,OH 442		HONE: INCLUGE AREA CODE	2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN				
COMMERCI	AL GARRIER: NAME, ADURE	:55, CITY, STATE, ZIP		COMMERCIAL GARRIER &	HUNE: INCLUDE AREA CODE	DAMAGED AREA(S)				
	ICENSE PLATE # IDA4131	VEHICLE $[5_{1}\mathbf{T}_{i}\mathbf{F}_{i}\mathbf{C}_{i}\mathbf{Z}_{i}5_{i}\mathbf{A}_{i}]$	r vehicle make Toyota	INDICAT	E ALL THAT APPLY					
X INSURANCE VERIFIE	GRANGE TYPE OF USE	II	SURANCE POLICY # 73957 US DOT #	COLOR WHI TOWED BY: COMPANY	TACOMA	10 12 1	10 11 12 1			
COMMER	CIAL GOVERNMENT	IN EMERGENCY RESPONSE VEH	ICLE WEIGHT GVWR/GCWR	HAZARDOI	JS MATERIAL	9 2 3 3 3 3 4 3 3 3 4 3 3 4 3 3 4 3 3 4 3 3 4 3 3 4 3 3 4 3 3 4 4 3 4 3 4 3 4 3 4 3 4 4 3 4 3 4 4 3 4 4 3 4 4 3 4 4 3 4 4 4 4 3 4	9 9 3			
DEVICE EQUIPP	ED —	0 2	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	RELEASED PLACARD	LASS # PLACARD ID #	8 7 6 5 11	8 7 6 5 4			
UNIT TYPE	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	8 - MOTORCYCLE 3-WHEELED 9 - Autocycle 10 - Moped or Motorized Bicycle	13 - SNOWMOBILE 14 - Single Unit Truck 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	9 8 7	11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	WAS VEHICLE OPERATING IN <b>AUT</b> Mode when crash occurred? 1-yes 2-no 9-other/unkn	O O O O O O O O O O O O O O O O O O O	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		11 12 1 2 2 9 9 9 9 3 3	6 11 12 1 10 11 12 1 9 0 1 3			
O1 SPECIAL FUNCTION	2 - TAXI 3 - ELECTRONIC RIDE SHARING	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 20-SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/ UNKNOWN	8 7 6 6 5	8 7 6 6 5 12 12 12			
$0_1$	/NOT APPLICABLE	3 - VEHICLETOWING ANOTHER MOTORVEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGOTANK 10-FLAT BED 11-DUMP	12-CONCRETE MIXER 13-AUTO TRANSPORTER 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN	9 3 9	3 9 3 3			
VEHICLE	2 - HEAD 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/UNKNOWN	6				
	CROSSWALK 2 - INTERSECTION - UNMARKED	3 - INTERSECTION – OTHER 4 - MIDBLOCK – MARKED CROSSWALK 5 - TRAVEL LANE OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER/UNKNOWN	☐ - NO DAMAGE ( ☐ - TOP ( 13 ) ☐ - UNIT	0] - UNDERCARRIAGE [14] - ALL AREAS [15]  F NOT AT SCENE [16]			
4 ACTION	2-NON-COLLISION 0,1	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 IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOEGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAMAG	TO UNIT 15 - VEHICLE NOT AT SCENE			
O 1 CONTRIBUTING CIRCUMSTANCES	1-NOME 2-FAILURE TO YIELD 3-RAN RED LIGHT 4-RAN STOP SIGN 5-UNSAFE SPEED	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD. 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW  1 - ONE-WAY  2   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			
G CIRCUMSTANCES  SEQUENCE	6-IMPROPERTURN OF EVENTS	12-IMPROPER BACKING				ON ROAD	1 - NOT INVOLVED			
	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	NON-COLLISION 11-CROSS CENTERLINE — OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT	L.,	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
2	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10-CROSS MEDIAN	TRAVEL 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE	18-ANIMAL — DEER 19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING EST IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 4 TO L	4 - WEST 8 - SOUTHWEST			
4	25-IMPACT ATTENUATOR /CRASH CUSHION 26-BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER	N WITH FIXED OBJEC 37-TRAFFIC SIGN POST 38-OVERHEAD SIGN POST	43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED	9 - OTHER / UNKNOWN  DETECTED SPEED			
5	STRUCTURE  27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	DAMILLI	39-LIGHT/LUMINARIES SUPPORT 40-UTILITY POLE	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	51 - WALL 52 - BUILDING 53 - TUNNEL	0,2,0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR			
6	40 00100000111	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			
<b>1</b> 1 1	EIDST HADMEIII EVE	NT   1   MASTL	ANDMEIII EVENT				1			

LOCAL REPORT NUMBER

 $\begin{bmatrix} 2 & 0 & 2 & 2 & 2 & -1 & 0 & 0 & 0 & 2 & 0 & 9 & 7 & 3 \end{bmatrix}$ 

UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER)  10 + 2   DYE, JOSHUA, THOMAS		DE AREA CODE ([] SAME AS DRIVER) RC 149.43 (A)(1)(mm)	DAMAGE DAMAGE SCALE				
OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER)	reducted her br	( <del>) 172.79 (/<u>1</u>2/(1/(1111)</del>	3 - FUNCTIONAL DAMAGE				
1375 PETRARCA DR 301 ,Kent ,OH 44243			L				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER I	PHONE; INCLUDE AREA CODE	DAMAGED AREA(S)				
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION #	VEHICLE YEA	R VEHICLE MAKE		LL THAT APPLY			
$ \mathbf{O}_{1}\mathbf{H} \mathbf{J}\mathbf{D}\mathbf{X}1660 \qquad  1_{1}\mathbf{H}\mathbf{G}\mathbf{C}\mathbf{M}5_{1}6_{1}4_{1}6_{1}5_{1}\mathbf{A}0_{1}0_{1}0_{1}$		~~~~~	11 12 1	11 12 1			
INSURANCE INSURANCE COMPANY INSURANCE POLICY # D31 9409 F21 35A	GRY	VEHICLE MODEL ACCORD	10 2	10 12 2			
TYPE OF USE US DOT #	TOWED BY: COMPANY		10 2	10, 2			
COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE	HAZARDOI	US MATERIAL	9 3 3 3	9 0 3 3			
INTERLOCK DEVICE HIT/SKIP UNIT  #OCCUPANTS  VEHICLE WEIGHT GVWR/GCWR  1 - \$10K LB .5  2 - 1 0.001 - \$2K LB .5	MATERIAL C	CLASS # PLACARD ID #	8 7 6 4	8 7 5 4			
0 2   2 - 10,001 - 26K LB   0 2   2 - 26K LBS.	PLACARD L		7 6 6	12 7 6 6			
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART	18-LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6 11	12			
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$\frac{1}{2}$			
UNIT TYPE 4 - PICK UP         10 - MOPED OR MOTORIZED         15 - SEMI-TRACTOR           5 - CARGOVAN         BICYCLE         14 - SEAM SOURDMENT	21 - HEAVY EQUIPMENT	26-BICYCLE	9 9	3 3			
6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	8 7				
(ATV/UTV)  1 0   # oftrailing units			12 7	6 5 12			
WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	11 12 1	6 11 12			
MODE WHEN CRASH OCCURRED?  1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		10 11 1 2	10 11 2			
1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS 2-PARTIAL AUTOMATION MODE LEVEL	5 - FULL AUTOMATION		9 9 3 3 3	9 3 3			
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE	16-FARM	21 - MAIL CARRIER	3 4 7	8 4 5 7			
O 1 2 - TAXI 7 - BUS - INTERCITY 12-MILITARY  SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE	17 - MOWING 18 - SNOW REMOVAL	99 - OTHER / UNKNOWN	6	8 7 6			
FUNCTION 4 - SCHOOLTRAMSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY	19-TOWING		6	. 6			
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMEN			12	12 12			
0 1 - NO CARGO BODY TYPE 3 - VEHICLETOWING ANOTHER 5 - INTERMODAL CONTAINER MOTOR VEHICLE CHASSIS	8 - POLE 9 - Cargo tank	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER	12				
CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX BODY 7 - CARMOUNDS CONVEN	10-FLAT BED	14-GARBAGE/REFUSE					
TYPE 7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99-OTHER/UNKNOWN					
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES  VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 10-disabled from Prior	99 - OTHER / UNKNOWN	6				
DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWDUT DEFECTIVE	ACCIDENT		5	6 6			
1-INTERSECTION - MARKED 3-INTERSECTION - OTHER 6-BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	☐ - NO DAMAGE [ 0 ]	- UNDERCARRIAGE [14]			
CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE  NON-MOTORIST 2 - INTERSECTION - UNMARKED CROSSWALK 8 - SIDEWALK  8 - SIDEWALK 8 - SIDEWALK	10-DRIVEWAY ACCESS	AT INCIDENT SCENE 99-OTHER/UNKNOWN	☐-TOP [13]	☐-ALL AREAS [15]			
AT IMPACT  AT IMPACT	11 - SHARED USE PATHS OR Trails	77-011ILITY OHIMOWY	□-UNIT NO	OT AT SCENE [16]			
1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING	INITIAL DI	DINT OF CONTACT			
2 - NON-COLLISION 3 - STRIKING D 1 2 - BACKING 3 - CHANGING LANE 9 - LEAVING TRAFFIC LANE	14-ENTERING OR CROSSING Specified Location	OR LEAVING VEHICLE 19-standing	0 - NO DAMAGE	14 - UNDERCARRIAGE			
ACTION 4. STRUCK PRE-GRADA 4. (IVERTAKING/PASSING III. PARKED	15-WALKING, RUNNING,	20 - OTHER NON-MOTORIST	1 2 1-12 - REFER TO	UNIT 15-VEHICLE NOT AT SCENE			
5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 11 -SLOWING OR STOPPED	JOGGING, PLAYING 16-WORKING	21 - STANDING OUTSIDE Disabled Vehicle	13 - TOP	99 - UNKNOWN			
6 - MAKING LEFTTURN IN TRAFFIC 9-OTHER/UNKNOWN 12-DRIVERLESS	17 - PUSHING VEHICLE	99-OTHER/UNKNOWN	TI	RAFFIC			
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
2 - FAIL URE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA PARKED POSITION  3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED	18-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE 23 - Opening door into	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
4-RAN STOP SIGN 10-IMPROPER PASSING	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY	2 - TWO-WAY	2 3 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CONTRIBUTION E INCRES COSED 11 DON'S OF DOAD	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING			
CIRCUMSTANCES OF CHARACTER 11-DINOVE OF NOAD 16-WRONG WAY 6-IMPROPER TURN 12-IMPROPER BACKING SEQUENCE OF EVENTS NON-COLLISION			ON ROAD	1 - NOT INVOLVED			
NON-COLLISION	1/ hariwayyeura e	20 WOOD TOUR MAINTENANCE	2	1 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
1 - CROSS CENTERLINE — 0 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE — 0 - OPPOSITE DIRECTION OF UNITS 0 - OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - Animal — Farm	22 - WORK ZONE MAINTENANCE EQUIPMENT					
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY	18-ANIMAL — DEER 19-ANIMAL — OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT/NON-N	10TORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
2 L J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 14 - PEDESTRIAN	20 - MOTOR VEHICLE IN	ANYTHING SET IN MOTION By a motor vehicle	1 1 2	2 - SOUTH 6 - NORTHWEST			
LOSS OR SHIFT 15 - PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM 1 TO 2	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
COLLISION WITH FIXED OBJE 25-IMPACT ATTENUATOR 31-GUARDRAIL END 37-TRAFFIC SIGN POST	CT - STRUCK 43-cur8	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 33-MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES STRUCTURE 34-MEDIAN GUARDRAIL SUPPORT	45 - EMBANKMENT 46 - FENCE	51 - WALL 52 - BUILDING	0,1,0,	1 - STATED / ESTIMATED SPEED			
27-BRIDGE PIER OR ABUTMENT BARRIER 40-UTILITY POLE	47 - MAILBOX	53 - TUNNEL	(0,1,0)	2 - CALCULATED / EDR			
6 L L 29-8RIDGE RAIL BARRIER OR SUPPORT	48-TREE 49-Fire Hydrant	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
30-GUARDRAIL FACE 36-MEDIAN OTHER BARRIER 42-CULVERT			2 , 5 ,				

OHIO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER										
								(2 + 0 + 2 + 2 + - + 0 + 0 + 0 + 2 + 0 + 9 + 7 + 3 + - + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0									
	UNIT#	NAME: LAST, FIRST, MIDDLE WITNER, CLAYTON, JONATHAN								DATE OF BIRTH AGE GENDER							
	0 1	STREET, CITY, STATE, ZIP								0   7   1   6   2   0   0   2   2   0   M							
		CLINTON RD ,DOYLESTOWN ,OH 44230								Redacted per QRC 149.43 (A)(1)(mm)							
	INJURIES	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT TAKEN							SEATING POSITION AIR BAG USAGE EJECTION TRAPPED								
ĐĮ	5	BY							USED 0 4	MC HELM	ТЕТ 0 1	1_	_1_	1			
135	OL STATE		CENSE NUMBER		OFFENS	E CHARG	ED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATIO	ON NUMBER				
	O, H,		ed per ORC 4501:								HOL TECT		DDUG TEGT/C	,			
Σ	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP		RACTED		OHOL MAR		CONDITION	STATUS TYP	HOLTEST E VALUE S						
I.	4			ı Pi	1		ER DRUG	IDOMIN	1 1	1 1 1		1	1				
	UNIT#	NAME: LAST, FI	IRST, MIDDLE								DATE OF BIRTH		AGE	GENDER			
ı	0.2	DYE, JO	OSHUA, THOMA	S						0 3	$0_{\perp}5_{\perp}1_{\perp}9_{\perp}$	9 . 8	_ 2,4	_M_			
SI		STREET, CITY, STA	. ,								HONE - INCLUDE AREA CO						
0.TO	1375 I	PETRAR	CA DR 301 ,Kent	,ОН	44243	3				Redact	ed per QRC	VALUE STATUS TYPE RESULT SELECTUPTO 4  1 1 1					
NEW O	INJURIES	INJURED E	EMS AGENCY (NAME)		INJUREDT	AKENTO: I	MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COM	SEATING POSITION	AIR BAG (	JSAGE EJECTION	TRAPPED			
I / N	5 OL STATE	ODEDATORIA	CENSE NUMBER		OFFEN	E CHAR	)ED	LOCAL	0 4		MEI UIT	THE AGE GENDER  9 9 8 2 4 M  OREA CODE  ORC 149.43 (A)(1)(mm)  SITION AIR BAG USAGE EJECTION TRAPPED  1 1 1 1  CITATION NUMBER  21680  DRUG TEST(S)  STATUS TYPE RESULT SELECTUPTO 4  1 1 1  TH AGE GENDER  OSITION AIR BAG USAGE EJECTION TRAPPED  CITATION NUMBER  CITATION NUMBER  DRUG TEST(S)  STATUS TYPE RESULT SELECTUPTO 4  THE AGE GENDER  OSITION AIR BAG USAGE EJECTION TRAPPED  CITATION NUMBER  DRUG TEST(S)  STATUS TYPE RESULT SELECTUPTO 4  TRACTION TEST STATUS  ED 1 NONE GIVEN  ERATING AN 2 TEST STATUS					
ORIS	G A		ed per ORC 4501:	1.12			IED.	CODE	Through Stre								
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT U	PTO3 DRI	VER		HOL / DRUG SUSPI	ECTED	CONDITION	ALCO	HOL TEST		DRUG TEST(S				
		SELECT UP TO 2		DIST	TRACTED )	ALCOHOL MARIJUANA STATUS TYPE			.								
	3	L			1	ОТ	HER DRUG		1								
	UNIT#	NAME: LAST, F	TIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER			
	42222						- "			CONTACT PHONE - INCLUDE AREA CODE  SEATING PASSITION   AID PAGE   SECTION   TRADECO							
PRIS	ADDRESS	: STREET, CITY, STA	ALE, ZIP														
MOT	INJURIES	INJURED   E	EMS AGENCY (NAME)		INJUREDI	TAKEN TO:	MEDICAL FACILITY	(NAME, CITY	SAFETY EQUIPMEN								
NON		TAKEN BY						USED DOT-COMPLIA			PLIANT						
ST /	OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAR	GED	LOCAL	OFFENSE DES	DESCRIPTION CITATION NUM			ION NUMBER				
TOR								CODE									
M	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT U	DIS	VER TRACTED		COHOL / DRUG SUSPECTED CONDITION		ALCOHOL TEST STATUS TYPE VALUE STATU								
				BY			COHOL MA HER DRUG	RIJUANA	1				. ,				
	INJ	URIES	SEATING POSITION		AIR BAG		OL CLAS	S	OL RESTRI	CTION(S)	DRIVER DISTRAC	TION	TEST ST	ATUS			
7.3	1 - FÁTAL	) SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEI	2.3		1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTE	終於 語一句 自己的表	1 - NOT DISTRACTED 2 - MANUALLY OPERATIN	IC AN					
	and the second of	) SERIOUS INJURY	2-FRONT - MIDDLE	3 - DEPLOY	医医疗性毒性病		3 - CLASS C		3 - CORRECTIVE U	State Burney Cal	ELECTRONIC COMMUN DEVICE (TEXTING, TY	VICATION :	3 - TEST GIVEN, C	ONTAMINATED			
- 2	4 - POSSIBLE I		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOY	ED BOTH FRO	DNT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER	SPENDED TO A VITE	DIALING)		SAMPLE / UNU 4 - TEST GIVEN, R				
4.00	5 - NO APPARE		(MOTORCYCLE PASSENGER)  5 - SECOND - MIDDLE	4 N. S. S.	MENT UNKN	OWN .	5 - M/C MOPED ONLY		6 - EXCEPT CLAS	SA	3 - TALKING ON HANDS-F COMMUNICATION DEV		5 - TEST GIVEN, R UNKNOWN	Secretary and beautiful a			
1	INJURED  1 - NOT TRANS	TAKEN BY PORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BU 7 - EXCEPT TRAC		4 - TALKING ON HAND-HE COMMUNICATION DEV		ALCOHOL T	FCT TVDF			
3	/TREATED		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1.00	JECTION	SS 1846 750	OL ENDORSE	MENT	8 - INTERMEDIAT	E LICENSE	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE		1 - NONE	ESTITIVE			
- 1	2 - EMS 3 - POLICE		8-THIRD-MIDDLE	1 - NOT EJI 2 - PARTIA	LLY EJECTEC	) }	H - HAZMAT M - Motorcycle		RESTRICTION 9 - LEARNER'S P	ERMIT	6-PASSENGER		2 - BL00D				
100	9-OTHER/UN	IKNOWN	9-THIRD - RÌGHT SÌDE 10-Sleeper Section		YEJECTED		P - PASSENGER		RESTRICTION 10 - LIMITED TO D		7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - Breath				
	SAFETY	EQUIPMENT	OF TRUCK CAB	4 - NOT AP	PLICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO E	MPLOYMENT	8 - OTHER DISTRACTION THE VEHICLE	OUTSIDE	5 - OTHER				
	1 - NONE USEI	D. Belt only used	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	1 - NOT TR	RAPPED		R - THREE-WHEEL M	10 TORCYCLE	12 - LIMITED - OT		9-OTHER/UNKNOWN		DRUG TE	ST TYPE			
- 1	3 - LAP BELT (		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRIC	ATED BY		S - SCHOOL BUS T - Double & Tripl	E TRAILERS	(SPECIAL BRA	KES, HAND	CONDITION		1 - NONE 2 - Blood				
1.0	Care 12 10 10 10 10 10 10 10 10 10 10 10 10 10	& LAP BELT USED Traint system –	12 - PASSENGER IN UNENCLOSED Cargo area	3 - FREED	NICAL MEAN By	13	X - TANKER / HAZMA	τ //	ADAPTIVE DE	VICES)	1 - APPARENTLY NORMA		3 - URIŅE				
1	FORWARD	FACING	13 - TRAILING UNIT	NON-M	ECHANICAL I	MEANS	GENDE	R	15 - MOTOR VEHIC		2 - PHYSICAL IMPAIRME 3 - EMOTIONAL (E.G., DEP		4-OTHER				
	6 - CHILD RES REAR FACI	TRAINT SYSTEM – NG	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F - FEMALE M - Male		AIR BRAKES 16 - OUTSIDE MIR	ROR	ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST 1-amphetamin	Charles and the second second			
	7 - BOOSTER S 8 - HELMET U		15 - NON-MOTORIST 99 - Other/Unknown				U - OTHER / UNKNOW	/N	17 - PROSTHETIC		5 - FELL ASLEEP, FAINTE	D,	2 - BARBITURAT				
	9 - PROTECTI	VE PADS USED							18-OTHER		FATIGUED, ETC. 6- Under the influen		3 - BENZODIAZE 4 - CANNABINOI				
	(ELBOW, K 10 - Reflecti	NEES, ETC.) Ve Clothing									OF MEDICATIONS/DF /ALCOHOL		4 - CANNABINUI 5 - COCAINE				
- 1		-PEDESTRIAN									9- OTHER/UNKNOWN		6 - OPIATES / OP 7 - OTHER	IOIDS			
ŀ	7 BJG1GLE 99 - OTHER/UI									교리 후 중 위기에서 이 그들이 다른다. 그 전 취기를 받아 아니라 중에 다 중앙을 다리다. 취임				SULTS			

SP FUNILS BAFFERY OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
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UNIT # NAME: LAST, FIRST, MIDDLE								DATE	OF BIRTH		AGE	GENDER	
_ 01	01   WITNER, PEYTON, MARIE							$1 \cdot 0 \cdot 1 \cdot 2 \cdot 2 \cdot 0 \cdot 0 \cdot 0 \cdot 2 \cdot 2 \cdot F$					
ADDRES	ADDRESS: STREET, CITY, STATE, ZIP								- INCLUDE AREA COD	E			
12472 CLINTON RD ,DOYLESTOWN ,OH 44230								Redacted	per QRC	149.43	(A)(1)	(mm)	
INJURIE	INJURIES INJURED EMS AGENCY (NAME)  TAKEN BY  INJURED TAKEN TO: Medical Facility (NAME, CITY)  SAFETY EQUIPMENT USED  O 4								SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED	
5	」   β̈Ϋ̀̈̀̀̈̀						0.4	DOT-COMPLIANT MC HELMET	0 3	1	1_1_	1	
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INJURIE			EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT	DOT-Compliant	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED	
, 5	BY	LEN					USED 0 4	MC HELMET	0 3	1	1 1	1 1	
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INJURIE			EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facilit	Y (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED	
	TAI	KEN					USED	DOT-COMPLIANT MC HELMET		<b> </b> .	1 .	.]]	
UNIT #	-¹ i N/	MF: LAST	T, FIRST, MIDDLE					DAT	E OF BIRTH	<u> </u>	AGE	GENDER	
OIVII W	"	AIIIL. LAS	i, Final, MIDDLE					l PAI	LOT DIKTI		AUL	WENDEN	
Annes	SS- STE	REET, CITY,	STATE 7ID			<del></del>		CONTACT PHONE	- INCLUDE AREA CO	DE .		11	
ADDRES	<b>50.</b> 511	CLU, OIT I,	omigan					CONTROLL	- INCLUDE AREA OF	DL.		ļ	
INJURIE	S IN	IIIBED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	IN (HAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	ATR RAG HEAD	E FIECTION	TRADDEN	
INJUNIE		KEN	LINS AGENCY (NAW(E)		INSURED PAREN TO. HEBICAL PACIETY	IT CHANC, CITT	USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIN DAG GOAG	ESECTION	INAFFED	
	1	TNIII	RIES	CAFETY	' EQUIPMENT USED	1	SEATING POS			AIR BAG	LICACE	J   L	
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - NO APPARENT INJURY 5 - CHIL INJURED TAKEN BY 1 - NOT TRANSPORTED				2 - SHOULDE 3 - LAP BELT 4 - SHOULDE 5 - CHILD RE FORWAR 6 - CHILD RE REAR FA 7 - BOOSTER 8 - HELMET 9 - PROTECT (ELBOW, 10 - REFLECT	ER BELT ONLY USED  TONLY USED  ER & LAP BELT USED  ESTRAINT SYSTEM -  DING  ESTRAINT SYSTEM -  USED  IVE PADS USED  KNEES, ETC.)  IVE CLOTHING  G - PEDESTRIAN  E ONLY	2 - FROM 3 - FROM 4 - SECC (MOT 5 - SECC 6 - SECC 7 - THIF (MOT 8 - THIF 10 - SLEI 11 - PASS CAR( BUS, 12 - PASS CAR( 13 - TRA 14 - RIDI (NOM 15 - NOM	(경기의 것으로 살아나는 다 되었다.	E SENGER)  DE CAR)  E OF TRUCK CAB HER ENCLOSED TRAILING UNIT, AP) ENCLOSED  E EXTERIOR	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 4 - NOT APPLICABLE  TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				
	: LAST, F	IRST, MIDE	DLE					DA	TE OF BIRTH		AGE	GENDER	
SEL ADDRE	SS: ST	REET, CITY	, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA	CODE		الـ	
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