OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*								
PHOTOS TAKEN OH-2 OH-3	2,0,2,3,-,0,0,0,1,2,4,8,5								
SECONDARY CRASH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NCI	2000	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
PRIVATE PROPERTY	City of Kent Police	ce	$\lfloor 0 \rfloor 6 \rfloor 7$	7,0,3	1 - SOLVED 2 - UNSOLVED	0_1_	98 - ANIMAL 99 - UNKNOWN		
1 - CITY	ITY, VILLAGE, TOWNSHIP*				CRASH DATE / 1	CRASH SEVERITY 1 - FATAL			
6 7 1 2-VILLAGE Kent					08102023		☐ 2 - SERIOUS INJURY		
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH				AD TYPE	LATITUDE DE	SUSPECTED 3 - MINOR INJURY			
ROUTE TYPE ROUTE NUMBER PREFIX N. NUMBER S. SOUTH S. SOUT	WATER		_S		4,1,,1,3,8	SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W-WEST	•	AD, MILEPOST, HOUSE #	ROA	AD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE		
	1537				$-81_{0}25_{0}$	0,8,7	ONLY		
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE N - NORTH IF	ROUTE TYPE R - INTERSTATE ROUTE(TP)) TYPE IGHWAY RD - F	ROAD		INTERSECTION REL			
- 2 MILEDOCT	3 - I EBERAL 03 ROUTE	AV - AVENUE LA - LA		SQUARE		RSECTION OR ON API	PRUACH		
W-WEST S	R-STATE ROUTE	BL - BOULEVARD MP - M CR - CIRCLE OV - OV		STREET FERRACE	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES		
FROM REFERENCE UNIT OF MEASURE	D MUMDEDED TOWNSHIP		ARKWAY TL - T			ROADWAY	(1) (a) (1) (4) (4) (4)		
2-FEET	ROUTE	DR - DRIVE PI - PI HE - HEIGHTS PL - PI		WAY	ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVE	ENT M	ANNER OF CRASH COLL	ISION/IMPACT	- 100 - 100	DIRECTION OF TRAVE	L MI	EDIAN TYPE		
1 - ON ROADWAY 9 - CROSSOV 2 - ON SHOULDER 10-DRIVEWA		OT COLLISION 4 - REAF ETWEEN 5 - BACK			N - NORTH	1 - DIVIC	IDED FLUSH MEDIAN		
11-RAILWAY	GRADE CROSSING T	WO MOTOR 6-ANGL	LE	.,	S - SOUTH E - EAST	2 - DIVIE	FEET) DED FLUSH MEDIAN		
4 - ON ROADSIDE 12-SHARED 5 - ON GORE TRAILS	E1 -2000008 (2000000000000000000000000000000		SWIPE, SAME DIRE		W-WEST		FEET) DED, DEPRESSED MEDIAN		
6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN	J 11		ER/UNKNOWN				DED, RAISED MEDIAN		
7 - ON RAMP 14-TOLL BOO 8 - OFF RAMP 99-OTHER /	5000000000					9 - OTHE	R/UNKNOWN		
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF C	RASH IN WORK 2	ZONE	CONTOUR	CONDITIONS	SURFACE		
¬	I - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER		RETHE 1ST WOR	K ZONE	_1_	_1_			
	3 - WORK ON SHOULDER	The second second	NCE WARNING AF	REA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
	OR MEDIAN 1 - INTERMITTENT OR MOVING WO		SITION AREA ITY AREA		2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZONE	5 - OTHER	5 - TERM	INATION AREA		3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT 3 - BRICK/BLOCK		
LIGHT CONDITION	WEA.				9 - OTHER/UNKNOWN	5 - SAND, MUD, DIR			
1 - DAYLIGHT 2 - DAWN/DUSK	1 - CLEAR 0 2 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSS	WINDS			OIL, GRAVEL 6 - WATER (STANDI	STONE NG, 5-DIRT		
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMO 4 - RAIN	OKE 8 - BLOWING SAND				MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN		
5 - DARK - UNKNOWN ROADWAY LIGHTIN		9 - FREEZING RAIN 99 - OTHER / UNKN		DKIZZLE		rn l			
9 - OTHER / UNKNOWN				adhrobryhets					
ARRATIVE						1	Indicate the north direction with		
nit #1 made a left turn while	traveling S/B in the					,	an "N" on the compass diagram.		
nner most lane of S Water St	to travel E/B into th	ie		1		-			
driveway of 1537 S Water St.	Unit #1 went off the								
eft side of the driveway strik			(de)				1		
getting stuck.	ing a car o and		Not To	Sca	le				
zeiting stuck.							Drivewayof1537S WaterSt		
				Areac	ofimpact				
CDACH DEPONTED DATE /TIME	DICDATCH DATE /TIME	ADDIV				s	WaterSt.		
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIV!		ī			OLIOL AGENOT		
TOTAL TIME OTHER	TAL 0FF10FF10*		 		0.EDIC N		MOTORIST		
	TAL OFFICER'S NAME* UTES		Снеске	ED BY OFFI	CER'S NAME*	ŀ	SUPPLEMENT		
	OFFICER'S	BADGE NUMBER*		CHECKED	BY OFFICER'S BADGE	NUMBER*	(CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO COPS)		



LOCAL REPORT NUMBER

2,0,2,3,-,0,0,0,1,2,4,8,5

UNIT#	OWNER NAME: LAST, FIRS	ST, MIDDLE (X) SAME AS DRIVER) TOTAL NATIONAL TOTAL		UDE AREA CODE (SAME AS DRIVER)	DAMAGE					
ULL	EGBEDEYI, DDRESS: STREET, CITY, STATE	TEMITOPE,	FUNMINIYI	Redacted per O	RC 149.43 (A)(1)(mm	DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE					
	ONKIN CT A			4 2 - MINOR DAMAGE 4 - DISABLING DAMAGE							
	CIAL CARRIER: NAME, ADDR			COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN					
						DAMAGED AREA(S)					
	LICENSE PLATE #	VEHICL	E IDENTIFICATION #	VEHICLE YE	0	INDICAT	E ALL THAT APPLY				
	SILA		2 ₁ F ₁ 1 ₁ 9 ₁ 1 ₁ 2 ₁ 4 ₁ 0 ₁ ;			11 12	11 12				
X INSURA VERIFI	NCE INSURANCE COMP ED STATEFAF		INSURANCE POLICY # 3929247-SFP-35	GRY	MAZDA 3	10 2	10 12				
	TYPE OF USE	1	US DOT #	TOWED BY: COMPAN		10 1 2	11 1 1				
COMME		IN EMERGENCY RESPONSE		City Service		9 3 3	9 9 3				
INTER	UCK		EHICLE WEIGHT GVWR/GCWR		US MATERIAL CLASS # PLACARD ID #	8 4	8 4 7				
DEVIC	E HIT/SKIP UNI	т	1 - ≤10K LBS. 2 - 10,001 - 26K LBS	RELEASED	CLASS IF I LAGARD ID IT	8 6 5	8 / 6 5 4				
Luoir		0,2	3 - >26K LBS.	PLACARD		7 6 11	12 7 6				
0.1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	12				
$\begin{bmatrix} 0_1 1_1 \end{bmatrix}$	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		20-OTHER VEHICLE	25 - OTHER NON-MOTORIST	_	10 2				
UNIT TYPE		10 - MOPED OR MOTORIZED		21 - HEAVY EQUIPMENT	26 - BICYCLE	9 (9 3 3				
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		7 5 7				
1 00		(ATV / UTV)	17 - WOTOKNOWE		AA - MIKMOMM OK HI IVZVIE	8	6				
	# OF TRAILING UNITS					12 7	5 12				
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED			3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	10 12 2	10				
2	1-YES 2-NO 9-OTHER/UNK	0	O DARTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 2	10 2				
	- 120 E NO 7-0111EN7 UNA	MODE LEVEL	,			9 3	9 3 3				
0.4	1 - NONE	6 - BUS - CHARTER/TOUR		16-FARM	21 - MAIL CARRIER	8 4 7	8 4				
$\lfloor 0 \rfloor 1$	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY		17 - MOWING 18 - SNOW REMOVAL	99 - OTHER / UNKNOWN	8 6 3	8 6 4				
SPECIAL	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		19-TOWING		7 6 5	7 6 5				
I GIVETTON	5 - BUS-TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT				13 12 12				
0.1	1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER	R 5 - INTERMODAL CONTAINER	8 - POLE	12 - CONCRETE MIXER	42	12 12 12				
	/ NOT APPLICABLE	MOTOR VEHICLE		9 - CARGO TANK	13 - AUTO TRANSPORTER	N 0 0	* •				
BODY	2 - BUS	4 - LOGGING	7 004111/01/100/00411/51	10-FLAT BED	14 - GARBAGE/REFUSE	e E	= 3 9 3 9 8 3				
TYPE			7 - GRAINGITT STORAVEE	11 - DUMP	99 - OTHER / UNKNOWN						
	1 - TURN SIGNALS	4 - BRAKES		9 - MOTORTROUBLE	99 - OTHER / UNKNOWN	6	•				
VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR ACCIDENT			6 6 6				
						☐ - NO DAMAGE [0] X - UNDERCARRIAGE [14]				
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION – OTHER 4 - MIDBLOCK – MARKED		9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	☐-TOP [13]	- ALL AREAS [15]				
NON-MOTORIST	2 - INTERSECTION - UNMARKED	CROSSWALK		10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	99 - OTHER / UNKNOWN	-10F (13)	-ALL AREAS [15]				
AT IMPACT	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				
. 3	2-NON-COLLISION . O. 6.	2 - BACKING 3 - CHANGING LANES		14 - ENTERING OR CROSSING SPECIFIED LOCATION	OR LEAVING VEHICLE 19-STANDING	0 - NO DAMAGE	14 - UNDERCARRIAGE				
ACTION	3-STRIKING 4-STRICK PRE-CRASH	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED	15-WALKING, RUNNING,	20 - OTHER NON-MOTORIST		UNIT 15-VEHICLE NOT AT SCENE				
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	JOGGING, PLAYING	21 - STANDING OUTSIDE	DIAGRAN 13 - TOP	99 - UNKNOWN				
	& STRUCK	6 - MAKING LEFT TURN	IN THAIT IS	16 - WORKING 17 - PUSHING VEHICLE	DISABLED VEHICLE 99 - OTHER / UNKNOWN	15-101					
	9 - OTHER / UNKNOWN	7	IL DRIVEREESS			A-MONO CONTRACTOR	RAFFIC				
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / AC	DADVED DOCUTION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL				
9.9	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	EQUIPMENT	23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TW0-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN				
	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY	2 2 - TWO-WAY	3 - FLASHER 6 - NO CONTROL				
CIRCUMSTANCE	5 - UNSAFE SPEED	11 - DROVE OFF ROAD		20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING				
SEQUENCE	6-IMPROPERTURN	12 - IMPROPER BACKING				ON ROAD	1 - NOT INVOLVED				
	OF EVENTS		NON-COLLISION			2	2 - INVOLVED-ACTIVE CROSSING				
1 0 9	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING				
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	TDAVEL	17 - ANIMAL — FARM 18 - ANIMAL — DEER	EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NON-	MOTORIST DIRECTION				
2 4 3	3 - IMMERSION 4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL — OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST				
	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE	1	2 - SOUTH 6 - NORTHWEST				
3	LOSS OR SHIFT		15 05011 01/01 5	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM L 1 TO L	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST				
			ON WITH FIXED OBJECT	- STRUCK			9 - OTHER / UNKNOWN				
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER		43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT COEED	DETECTED OBEED				
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES	45 - EMBANKMENT	51 - WALL	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED				
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	AD UTU ITV DOLE	46-FENCE	52 - BUILDING		2 - CALCULATED/EDR				
	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - OTHER FIXED OBJECT	D00777	3 - UNDETERMINED				
6	29 - BRIDGE RAIL	BARRIER	OR SUPPORT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	ס - טואטבובאאזאבט				
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT			, , ,					
	FIRST HARMFUL EVEN	IT L MOST	HARMFUL EVENT				1				

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
O 1 EGBEDEYI, TEMITOPE, FUNMINIYI								DATE OF BIRTH AGE GENDER OF 1 1 9 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	IDDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
327 T	7 TONKIN CT A ,Kent ,OH 44240								Redacted per ORC 149.43						
Ż	I TAKEN I					MEDICAL FACILITY	(NAME, CITY)	USED		T-COMPLIA	NT C	ON AIR BAG	AG USAGE EJECTION TRAPPED		
OL STATE	5 BY STATE OPERATOR LICENSE NUMBER OFFENSE CHAR				IGED	LOCAL	OFFENSE DESC			T 0 1	CITA	TION NUN	/BER		
O, H,	221 2			34		CODE	Failure to Co				269	26905			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	UPTO3 DRIV		ALCO	HOL / DRUG SUSPI	ECTED	CONDITION	STATUS	ALCOHO TYPE	IL TEST VALUE	STATUS	DRUG T	EST(S) RESULT	SELECT UPTO 4
. 4 .	ļ. ,, ,		BY	1		COHOL MAI	RIJUANA	. 1 .	. 1	1		. 1	1		
UNIT #	NAME: LAST, F	TIRST, MIDDLE	-							D	ATE OF BIRTH			AGE	GENDER
										1	1 1 1	1 1			
ADDRESS	STREET, CITY, ST	ATE, ZIP							CONT	ACT PHO	NE - INCLUDE AREA	CODE	•		
ADDRESS OLOW INJURIES	INJURED E	EMS AGENCY (NAME)		INTUREDT	VKEN TO	MEDICAL FACILITY	NAME CITY	SAFETY EQUIPMENT			SEATING POSITION	ON ATD DAG	LUCACE	IFCTION	TRAPPED
NON	TAKEN BY	EMS AUCHOT (NAME)		INSUKEDI	AKLN 10.	MEDICAL FACILITY	(NAME, CITT)	USED		T-COMPLIA HELME	NT	AIR BAG	AIR BAG USAGE ESECTION TRAFFED		
\ <u></u>	OPERATOR L	ICENSE NUMBER		OFFENS	E CHAR	GED	LOCAL CODE	OFFENSE DESC	RIPTION	4		CITA	TION NUN	MBER	
OL STATE		,													
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	COHOL MAI		CONDITION	STATUS	ALCOHO TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UPTO 4
						HER DRUG			L		•				لـــالـــا
UNIT#	NAME: LAST, F	TIRST, MIDDLE								D	ATE OF BIRTH		1	AGE	GENDER
ADDRESS	: STREET, CITY, STA	ATE 710							L	L DUO	NE - INCLUDE AREA			Ш	
ADDICESS:	: STREET, GITT, ST	ATE, ZIP							CUNIA	ACI PHU	NE - INCLUDE AREA	CODE			
ADDRESS OLOWING	INJURED E	EMS AGENCY (NAME)		INJURED T	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	D0	T-COMPLIA	SEATING POSITI	ON AIR BAI	G USAGE E	JECTION	TRAPPED
OL STATE OPERATOR LICENSE NUMBER						MC HELMET									
					OFFENSE DESC	RIPTIO	N		CITA	CITATION NUMBER					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRIV		ALCO	HOL / DRUG SUSPI	LLL ECTED	CONDITION	2015	ALCOHO		Jacob Maria		IEST(S	
	SELECT UP TO 2		BY	TRACTED		COHOL MAI	RIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULI	SELECTUPIO4
INJU	JRIES	SEATING POSITION		IR BAG	U 01	HER DRUG OL CLAS	S	OL RESTRIC	L TION(S) DF	RIVER DISTRAC	TION	TE	ST STA	JLJILJ TUS
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP	LOYED		1 - CLASS A		1 - ALCOHOL INTER		CE 1-	NOT DISTRACTED		1 - NONE (GIVEN	
	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE			MANUALLY OPERATI ELECTRONIC COMMU DEVICE (TEXTING, T)	NICATION		IVEN, CON	TAMINATED
4 - POSSIBLE II 5 - NO APPAREN		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE	4 - DEPLOYE 5 - NOT APP	ED BOTH FRO Licable	NT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS		DIALING) TALKING ON HANDS-I			.E / UNUSA IVEN, RES	ULTS KNOWN
San Arman	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE		MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS			COMMUNICATION DE TALKING ON HAND-H	VICE	5 - TEST G UNKNO	IVEN, RES	ULTS
1 - NOT TRANSF /TREATED A	ORTED	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	F	ECTION		OL ENDORSEI	MENT	7 - EXCEPT TRACTO		?	COMMUNICATION DE	VICE	ALCOH	OL TES	ST TYPE
2 - EMS	, och	(MOTORCYCLE SIDE CAR) 8-THIRD - MIDDLE	1 - NOT EJE	CTED		H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS			OTHER ACTIVITY WIT		1 - NONE 2 - BLOOD		
3 - POLICE 9 - OTHER / UNI	(NOWN	9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	RMIT	7 -	PASSENGER OTHER DISTRACTION		3 - URINE		
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAY		8-	OTHER DISTRACTION		4 - BREAT 5 - OTHER		
1 - NONE USED	A PROPERTY OF A SECOND STATE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	Applied or for a restrict	RAPPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHI			OTHER / UNKNOWN		DRU	G TEST	TYPE
3 - LAP BELT OF	BELT ONLY USED NLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRAI 2 - EXTRICA	TED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	13 - MECHANICAL D (SPECIAL BRAK CONTROLS, OR C	ES, HAND		CONDITION		1 - NONE 2 - BLOOD		
	RAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY			X - TANKER / HAZMAT ADAPTI			ADAPTIVE DEVICES) - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL		3 - URINE		
FORWARD F		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-MEC	CHANICAL MI	ANS	GENDER		15 - MOTOR VEHICLE	EHICLES WITHOUT 3 - EMOTIONAL (E.G., DEPRES				DRUG TEST RESULT(S)		
REAR FACIN	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST				F - FEMALE AIR BRAN M - MALE 16 - OUTSIDE				- 2 kg 3	ANGRY, DISTURBED) ILLNESS		1 - AMPHE	7 AC 5 600	0
8 - HELMET US	ED	99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN	U - OTHER / UNKNOWN 17 - PRO				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBI 3 - BEN70	TURATES DIAZEPIN	FS.
9 - PROTECTIVI (ELBOW, KN										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNA	ABINOIDS	
10 - REFLECTIVE 11 - LIGHTING -											/ALCOHOL OTHER/UNKNOWN		5 - COCAIN 6 - OPIATE	NE ES/OPIOIC)S
/ BICYCLE ONLY 99-OTHER/UNKNOWN								4 3 3 3 3 3 5 5 5					7 - OTHER		

HSY8306 OH1M 1/19 [760-1500] PAGE 0F

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER								
								2-0-2-30-0-0-1-2-4-8-5							
	UNIT#		T, FIRST, MIDDLE		DATE OF BIRTH AGE GENDER										
	01	AJEN	IKOKO, MICI		0,5,1,5,1,9,9,0										
PAN		STREET, CITY,	·			CONTACT PHONE - INCLUDE AREA CODE									
OCCUPAN	327 T	ONKIN	CT A ,Kent ,C)H 44240		Redacted per ORC 149.43									
٥	_	INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facilit	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	5	BY L					0,4	MC HELMET	0 3	1	L				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
				·		1 1 1		لللل	i						
OCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP		CONTACT PHONE	- INCLUDE AREA COL	DE								
9			<u> </u>	T	T SEATING POSITION AIR BAG USAGE EJECTION TRAPPET										
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facilit	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
U,	<u></u>		a construction								لببا	<u></u>			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
						,					111				
OCCUPAN	AUUKESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COL	DE					
9	INJURIES	INTIDEN	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facility	TY (MAME OFFICE	SAFETY EQUIPMENT	<u> </u>	SEATING POSITION	ATD DAG HEADE	EIECTION	TDADDER			
	entanonie	TAKEN	LITTO AUGNOT (NAIVIE)		MOUNTO TAKEN IQ; MEDICAL PACILIT	i i Aname, CITY)	USED	DOT-COMPLIANT MC HELMET	ocwitua LASTITAN	AIR DAU UDAUL	LEGENTUN	INAPPED			
	UNIT#		T FIRST MIDDLE			ga - Alfrida - sa			E OF BIRTH	<u> </u>	ACE	OFN SER			
	0411 #	MANIE: LAS	T, FIRST, MIDDLE					Į DAI	E OF BIRTH		AGE	GENDER			
1	ADDRESS:	DRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN	HDDALLOO.	orkeen or n			OUT AUT THORE	- INCLUDE ANCA COL	DE .								
ë -	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facili	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY				,	USED	DOT-COMPLIANT MC HELMET			,				
Ē		INJU	JRIES	SAFETY	' EQUIPMENT USED	1	SEATING POS	ITION		AIR BAG U	AGE				
	1 - FATAL 1 - NONE USEĎ -						T – LEFT SIDE		1 - NOT DE	PLOYED					
ı	2 - SUSI	PECTED SE	RIOUS INJURY	自然代表自然是完全	OCCUPANT	ER)	2 - DEPLOY	YED FRONT							
	医克里斯曼		NOR INJURY		R BELT ONLY USED ONLY USED	3 = FRONT - RIGHT SIDE			3 - DEPLOYED SIDE			4.7.5.7			
		SIBLE INJU	G arana kanasan kalendaran 19		R & LAP BELT USED	4 - SECOND - LEFT SIDE				4 - DEPLOYED BOTH FRONT/SIDE					
	5 - NO A	- NO APPARENT INJURY 4 - SHOULDER & LAP BELL USED 5 - CHILD RESTRAINT SYSTEM -				A CONTRACTOR OF THE PARTY OF TH	ND - MIDDLE	LINGLR/	5 NOT APPLICABLE						
	INJURED TAKEN BY FORWARD FACI				D FACING 6 - SECOND - RIGHT SIC STRAINT SYSTEM - 7 - THIRD - LEFT SIDE)E	9 - DEPLOYMENT UNKNOWN						
								CAR)	EJECTION						
	2 - EMS					建筑 医科兰克尔纳氏	D - MIDDLE		1 - NOT/EJECTED						
ı	3 - POLI	CE (§		8 - HELMET	USED	100000000000000000000000000000000000000	D = RIGHT SIDE PER SECTION (2 - PARTIALLY EJECTED						
	9 - OTHI	ER/UNKNO)WN	and the second s	IVE PADS USED	PER SECTION (ENGER IN OTH)	1일에 전하다고 하하는 것이다고 있다.	3 - TOTALLY EJECTED							
ı	atumentak kiji	GEN	IDER		KNEES, ETC.)		OAREA (NON-TE		4-NOT APPLICABLE						
	8. 10. 3. 3. 3.	FEMALE 11-LIGHTING - PEDESTRIAN 12 - PASSENGER IN U							TRAPPED						
I	M - MALI	SANGARIA BELEBUARAN BARKAR BARKAR BERMULAH MATURI BING 4 PERIPAT KIAN PRANCER BARKAR BERMULAH BERMULAH BERMULAH							1 - NOT TRAPPED						
	0 - 01111							EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS						
I		(NON-TRAILING UN 15 - NON-MOTORIST								BY NON-ME	CHANIC	ΔL			
							R / UNKNOWN		MEANS		7.42				
	NAME: LAS	ST, FIRST, MIDD	LE	(Darrier Control of Control	ente de la companya	140 0 00 00 00 00 000	ger value vaan 1916, ar liger 5	DAT	E OF BIRTH	21/2 53/25/22/2 (26/2	AGE	GENDER			
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S	NAME: LAST, FIRST, MIDDLE							DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS, STORET AND STATE TO							CONTACT DUCK	Mail:=7 :						
M	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA GO	DE					
	NAMELLAS	ST, FIRST, MIDD	de la companya de la	/		Y 47 1 3 2	- '.e - '	DAT	E OF BIRTH		AGE	GENDER			
SS	MARIE: LAS	ACTINI TENEST LICE	Number					J. J. J.	EOI DINTH		AGE	A-HACK			
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP				· · · · · · · · · · · · · · · · · · ·	CONTACT PHONE	- INCLUDE AREA CO	DE]			
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