OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*									
PHOTOS TAKEN OH-2 X OH-3	2 0 2 1 - 0 0 0 0 5 1 5 6									
OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS					
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	e	0 6 7 0 3	1 - SOLVED	0.2	DO AMINAL				
COUNTY* LOCALITY* LOCATION: CITY	TY, VILLAGE, TOWNSHIP*			CRASH DATE /		CRASH SEVERITY				
6 7 1 2-VILLAGE Kent				0,4,0,2,2,0,2,1,	/11,4,0,2, 3	1-FATAL				
The state of the s	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE		2-SERIOUS INJURY SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST			100	41		3 - MINOR INJURY				
4-WEST	REFERENCE ROAD NAME (ROAD	. MILEPOST. HOUSE #)	ROAD TYPE	LONGITUDE 2		SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	Summit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE				
REFERENCE POINT DIRECTION			ST	811 o 3 2 0	8 9 2	ONLY				
THE REFERENCE	ROUTE TYPE - INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW- HIGHWAY	RD - ROAD	50	INTERSECTION REL					
4 2-MILEPOST 4 a COUTU	LEGERAL OF HOUSE	- AVENUE LA - LANE	SQ - SQUARE	X WITHIN INTE	RSECTION OR ON AP	PROACH 4				
4 - WEST SR	- STATE ROUTE	- BOULEVARD MP - MILEPOST R - CIRCLE OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
TRUM REPERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE CT	-COURT PK - PARKWAY	TL - TRAIL	IS NOT THE	ROADWAY					
2 0 0 2 2-FEET	RUUTE	R - DRIVE PI - PIKE	WA - WAY	ROADWAY DIVIDED						
3 TAROS		E - HEIGHTS PL - PLACE								
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVE		NER OF CRASH COLLISION/IM COLLISION 4 - REAR-TO-REA		DIRECTION OF TRAVE		EDIANTYPE				
1.0 1.	//ALLEY ACCESS BET	TWEEN 5 - BACKING		1-NORTH		DIVIDED FLUSH MEDIAN (<4 FEET)				
3 - IN MEDIAN 11-RAILWAY (4 - ON ROADSIDE 12-SHARED U	RADE CROSSING VEH	HICLES IN 6-ANGLE ANSPORT 7-SIDESWIPE, S	AME DIRECTION	3- EAST		DIVIDED FLUSH MEDIAN (≥4 FEET)				
5 - ON GORE TRAFFIC WAY 13-BIKE LANG	2 - REA	R-END 8-SIDESWIPE, 0	PPOSITE DIRECTION	4-WEST	3 - DIVID	ED, DEPRESSED MEDIAN				
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANG 7 - ON RAMP 14-TOLL BOOT) - nc/	AD-ON 9-OTHER/UNK	MANO			ED, RAISED MEDIAN TYPE)				
B-OFF RAMP 99-OTHER/U	NKNOWN				9-OTHE	R/UNKNOWN				
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN	WORK ZONE	CONTOUR	CONDITIONS	SURFACE				
WORKEDS SPESSELLE	- LANE CLOSURE - LANE SHIFT/CROSSOVER	1 - SEFORE THE 1S WARNING SIGN		1	1 ,	2				
	WORK ON SHOULDER	2 - ADVANCE WAR	ING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE				
	OR MEDIAN INTERMITTENT OR MOVING WORK	3 - TRANSITION AF	EA	2 - STRAIGHT GRADE	2 - WET	2-BLACKTOP,				
I Commission of the Commission	OTHER	5 - TERMINATION	AREA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT				
LIGHT CONDITION	WEATH	ER		4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK				
1 - DAYLIGHT	1 - CLEAR	6 - SNOW		9 - OTHER/UNKNOWN	OIL, GRAVEL	4 SLAG, GRAVEL, STONE				
1 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY	0 1 2-CLOUDY	7 - SEVERE CROSSWINDS E 8 - BLOWING SAND, SOIL DI	DT CNOW		6 - WATER (STANDIN					
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FRE			7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOW	N				
NARRATIVE			_							
					1	Indicate the north direction with				
Unit #1 was driving in a South	bound direction of				7	an "N" on the compass diagram.				
travel on SR 261, stopped in	traffic North of E.	Territoria del de finalizado hai de ano descuera por			Landana da	- Armon receive received you and a Armondo-Armondo-A sept indicated their expression and any security				
Summit St. Unit #2 was drivi	ng Southbound on	SD 261			T					
The second secon	**************************************					4				
behind Unit #1. Unit #2 failed					5R 261	2				
clear stopping distance a rear	r ended Unit #1.				NOT	TO SCALE				
				74						
	addres so alongalating de tress de como de generale de despublicações no suas assessables planejada-heiro approver som de si	E Summ	nt Bt)						
				1						
	ware if we principly delegatives a sell significant which have been a sellent to the select select the select select the select									
The second secon					1					
COLUMN DEPOSITE COLUMN DE										
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TI		SCENE CLEARED		REPORT TAKEN BY				
	2 2 0 2 1 / 1 4 1 2	0 4 0 2 2 0 2 1 /			1,1,1,4,5,6	MOTORIST				
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINU		,	CHECKED BY OFFI	CER'S NAME*						
		DGE NUMBER*		George OFFICER'S BADGE N	UMREP*	SUPPLEMENT (CORRECTION OR ADDITION TO AN RESIDEN GREPORT SENT TO COPE)				
0 0 0 0 2 0 0 6			2 , 4	3	Madine	**************************************				



2,0,2,1,-,0,0,0,5,1,5,6, UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X SAVE AS DRIVER) OWNER PHONE: INCLICE AREA CODE (X SAME AS DRIVER DAMAGE Walczak, Michelle, S DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 158 CHESTNUT ST ,Ravenna ,OH 44266 J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUSE AREA CODE 9 - UNKNOWN DAMAGED AREA(S)
INDICATE ALL THAT APPLY LP STATE | LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE $1_{\,1}\,N_{\,1}\,4_{\,1}\,A_{\,1}\,L_{\,1}\,2_{\,1}\,A_{\,1}\,P_{\,1}\,9_{\,1}\,C_{\,1}\,N_{\,1}\,4_{\,1}\,6_{\,1}\,6_{\,1}\,4_{\,1}\,7_{\,1}\,6_{\,1}$ O H FPM9243 2 0 1 2 Nissan **INSURANCE COMPANY** INSURANCE POLICY # INSURANCE VERIFIED COLOR VEHICLE MODEL C935743A1235 State Farm SIL **ALTIMA** TYPE OF USE US DOT # TOWED BY: COMPANY NAME GOVERNMENT IN EMERGENCY RESPONSE COMMERCIAL HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK MATERIAL RELEASED CLASS # PLACARD ID # HIT/SKIP UNIT 1 - ≤10K LBS DEVICE 2 - 10,001 - 26K LBS. 0 2 PLACARD 3 - >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 11. SNOWMOBILE 19-BUS (16+ PASSENGERS) 24-WHEE_CHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 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 # 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 2 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11 -FIRE 16-FARM 21 - MAIL CARRIER 0 1 2-TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWENG 99 - OTHER / 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 12 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMEDAL CONTAINER 8 - POLE 12-CONCRETE MIXER O 1 1 CARGO / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER 2 - BUS 4 - 10000180 6 - CARGO VAY/ENC_OSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL 3 TYPE 11-DUMP 99-OTHER / UNKNOWN 90 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99-OTHER/UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRALER FOLIPMENT 10 - DISABLED FROM PR OR DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT - NO DAMAGE (0) - UNDERCARRIAGE [14] 1 - LYTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER CROSSWAL C AT INCIDENT SCENE 4 - MIDSLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - CRIVEWAY ACCESS -TOP | 13 | -ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99 - OTHER / HIN'CHOWA 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALX 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-CO_LISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 4 1 1 3 - CHANGING LANES 19-STANDING 0 - NO DAMAGE 14 - UNDERCARRIAGE 3-STRIKING SPECIFIED LOCATION 9 - LEAVING TRAFFIC LANE PRE-CRASH 4 - CVERTAXING/PASSING 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4. STRUCK 15 - WALKING, RUNNING, 10-PARKED 20 - OTHER NON-MOTORIST JOGGING, PLAYING DIAGRAM 5- BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURY 21 - STANCING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 13 - TOP 16-WORKING DISABLED VEHICLE & STRUCK IN TRAFFIC 6 - MAKING LEFT TURN 9-OTHER/UNKNOWN 17 - PUSHING VEHICLE 99-OTHER / UNKNOWN 12 - DRIVERLESS TRAFFIC 1 - NONE 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2-FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 16 - OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOLT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO 0 1 1 ILLEGALLY 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING RCADWAY 15 - SWERVING TO AVOID CIRCUMSTANCES 5 - UNSAFE SPEED CONTRIBUTING 3 - FLASHER 6 - NO CONTROL SPILLING 11 - DROVE OFF ROAD 99 - OTHER IMPROPER ACTION 16 - WRONG WAY 20 - IMPROPER CROSSING 6.IMPROPERTURN 12 - IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 **EVENTS** 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTER THE -3 - INVOLVED-PASSIVE CROSSING 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE 1 2 0 OPPOSITE DIRECTION OF 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANINAL - FARM EQUIPMENT. TRAVEL 23 - STRUCK BY FALLING. UNIT / NON-MOTORIST DIRECTION 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 16 - ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFT.NG CARGO OR 1 4 - JACKKNIFF 9 - RAN OFF ROAD LEFT 19-ANIMAL - OTHER 1 - NORTH 5 - NORTHEAST 13 - OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 5 - CARGO EQUIPMENT 2 - SOUTH 6 - NORTHWEST 10-CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 1 TO 2 LOSS OR SHIFT 24 - OTHER MOVABLE OBJECT 3 - EAST 7 - SOUTHEAST 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST E - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / JNKNOWN 25 - IN PACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50-WORK ZONE MAINTENANCE **JORASH CUSHION** 32 - PORTABLE BARRIER EQUIPMENT 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 51 - WALL 39-LIGHT/LUMINARIES 45 - EMBANKMENT STRUCTURE SUPPORT 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL 46-FENCE 52 - BUILDING 27 - BRIDGE PIER OR ABUTMENT 0 0 0 BARRIER 40 - UTILITY POLE 53 - TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - PRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 46 - TREE 29-BRIDGE RAIL 3 UNDETERMINED BARRIER OR SUPPORT POSTED SPEED 99-OTHER/UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 5 0 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

UNIT #	OWNER NAME: LAST, FIRS	T, MIDDLE (SAVE AS GRIVER		OWN	ER PHONE: NO.	.DE AREA CICE (SAME AS DRIVER)		DAMAGE					
	Haney, Ruth, A DDRESS: STREET, CITY, STATE,	ZIP (XI SAME AS DRIVER)		_ _		1	1 - NONE	3 - FUNCTIONAL DAMAGE					
2	75 ,Franklin Twp ,Ol						4 2- WINOR DA						
COMMERC	CIAL CARRIER: NAME, ADDR	ESS, CITY STATE, ZIP		Co	MMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN						
		1511					DAMAGED AREA(S) INDICATE ALL THAT APPLY						
LP STATE	LICENSE PLATE # ENH7955	-1-	E IDENTIFICATION # 8	7 1	VEHICLE YE		INDICA	ATE ALL THAT APPLY					
			INSURANCE POLICY #	1/(1	COLOR	8 Chevrolet	11 0	12 1					
INSURA VERIFI	ED Founders		ITOH229351		BLU	IMPALA	10 12	10					
	TYPE OF USE		US DOT #	Town	ED BY: COMPANY		10 2	10 11 1					
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		City	y Service		9 9 3	3 9 9 3 3					
INTERI DEVICE EQUIP	LOCK E HIT/SKIP UNIT PED	#UCCUPANTS	ENICLE WEIGHT GVWR/GCWR 1 - <10K LBS 2 - 10,0C1 - 26K LBS.	무		US MATERIAL CLASS # PLACARD ID #	7.	8 7 9 5 4					
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS	S J IMD III	VERY VEHICLE)	23 - PEDESTRIAN / SKATER	6 5	12 7 6 5					
0.1	2 - PASSENGER VAN (MINIVAN)	SENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNCWMCBILE 19			+ PASSENGERS)	24-WHEE_CHAIR (ANY TYPE)	10	7 2					
UNIT TYPE	3 - SPORT STILITY VEHICLE	9 - AUTOCYCLE		C-OTHERV		25-OTHER NON-VOTORIST	10 12						
	5 - CARGO VAN	10-MOPED OR MOTORIZED BICYCLE			EQUIPMENT SO FECIN HTIW.	25 - BICYCLE 27 - TRAIN	9	9 3 3					
		11 - ALL TERRAIN VEHICLE	17 - MCTORHOME		-DRAWN VEHICLE	59 - UNKNOWN OR HIT/SKIP	7.	/計算計、7.					
	# OFTRAILING UNITS	(ATV / UTV)					12	6					
VEHIL	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	. COUNTY	ONAL AUTOMATICA	O INVARIAN	11 12	5 11 12 1					
	MODE WHEN CRASH OCCURRED			- CONDITI		9 - UVKNUWA	10 11 1 2	10 11 2					
2	1-YES 2-NO 9-CTHER/UNK			- FULL AU	TOMATION		9 10 2	, 6 10 7 2 7					
-	1 - NCNE	6 - BUS - CHARTER/TOUR		6-FARV		21 - VAIL CARRIER	5 4	3 9 9 3					
10.11		7 - BUS - INTERCITY		I7 - NOWING		99-0T-EF/UNKNOWN	B 1 5 4	8 7 5 4					
SPECIAL	3 - ELECTRONIC RIDE SHARING			18 - SNOW R			7 6	7 6					
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSJT/COMMUTER	9 - BUS - CTHER	14-PUELIC OTILITY 15-CONSTRUCTION EQUIPMENT:	P-TOWNS			6	6					
8-11			-		STRIPLIA TO			12 12 12					
0,1	/ NOTAPPLICABLE	VCTOR VEHICLE	CHACCIC	: - POLE 3 - CARGOT	ANK	12-CONCRÉTÉ WIXER 13-AUTOTRANSPORTER	12						
CARGO	2 - 815	4 - 1030143	6 - CARGO VANIENCLOSED BOX	ID-FLAT BE		14-GARBAGE/REFUSE	a Ma						
TYPE			7 - GRAIN/CHIPS/GRAVEL	II-CUMP		99-0THER! LNKNOWN	, ,	of 6 3 9 11 3 9 6 3					
		4 - BRAKES	7 - WORN OR SLICKTIRES	- VOTOR T	ROUBLE	99-OTHER /UNKNOWN	6	00					
		5 - STEERING	B - TRAILER EQUIPMENT :	ACCIDE	FO SE MOSE CE			6 6 6					
3512013		6 - TIRE BLOWCUT		NOOIDE			- NO DAMAGE (0 D-UNDERCARRIAGE [14]					
	CROCSIUM /	3 - INTERSECTION - CTHER			CROSSING SLAND	12-FIRST RESPONDER AT INCIDENT SCENE							
NON-MOTORIST	2-INTERSECTION - UNMARKED	4 - VIDELOCK - MARKED CROSSWALK		G-CRIVEW		99-OTHER/UNKNOWA	☐-TOP [13]	-ALL AREAS [15]					
LOCATION AT IMPACT		5 -TRAVEL LANE - JTHE - LITAT		II - SHARED USE PATHS OR TRAILS			□-UNI	NOT AT SCENE [16]					
	1-NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	3 - NEGOTIA	ATING A CURVE	18-APPROACHING							
3 ,				14 - ENTERING OR CROSSING		OR LEAVING VEHICLE	INITIA 0 - NO DAWAG	L POINT OF CONTACT E 14 - UNDERCARRIAGE					
		3 - CHANGING LANES 4 - CVERTAXING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED		ECIFIED LOCATION LIKING RUNNING	19-STANDING 20-OTHER NOV-VOTORIST		TO UNIT 15 - VEHICLE NOT AT SCENE					
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURY	11-SLOWING OR STOPPED	JEGGIV	G, PLAYING	21 - STANDING OUTSIDE	DIAGRA	99 - UNKNOWN					
	& STRUCK 9-OTHER/UNKYOWN	6 - MAKING LE-1 JRN		16 - WORKIN 17 - Pushin		DISABLED VEHICLE 99-OTHER / UNKNOWN	13 - TOP						
-		7 1557 05 053.750	IL DISTERLEGS					TRAFFIC					
	2-FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TCC CLOSE / AC	DARVER DOCITION		OBSTRUCTION ING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL					
0,8,	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED ILLEGALLY	EQUIPM		23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOLT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN					
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	19-LOAD SE SPILLIN	: FTING/FALLING/	RCADWAY	2 2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL					
GIRCUMSTANCE	5 - UNSAFE SPEED 6 - IMPROPERTURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY		ER CROSSING	99 - OTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING					
Z W SEQUENCI	E OF EVENTS	THE PART OF THE PA		-			ON ROAD	1 - NOT INVOLVED					
<u>и</u>			EVENTS				2	1 2 - INVOLVED-ACTIVE CROSSING					
1 2 , 0 ,	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	ARRADIST DIRECTION OF	16-RAILWA 17-ahiyal		22 - WCRK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING					
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL	IB-A'IMA		23 - STRUCK BY FALLING,	UNIT / NO	N-MOTORIST DIRECTION					
2[]	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OT MED WENT COLLISION	19-A'IMAL		SHIFTING CARGO CR Anything set in motion		1 - NORTH 5 - NORTHEAST					
	5 - CARGO EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14-PEDESTRIAN	TRANSP	VE-ICLE IN PORT	BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 1 TO L	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SCUTHEAST					
3[CRITICAL			MOTOR VEHICLE			4 - WEST E - SOUTHWEST					
	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	EDLLISION WITH FIXED OBJECT - END 37-TRAFFIC SIGN POST 43		I U N	50 - WORK ZONE MAINTENANCE		S - OTHER / JNKNOWN					
4	/ CRASH CUSHION 26-BRIDGE OVERHEAD	32 - PORTABLE BARRIER	38 - OVERHEAD SIGH POST	44-01704		EQUIPMENT	UNIT SPEED	DETECTED SPEED					
Si i	STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARGRAIL	BURBART	45 - EVBANI 46 - FENCE		51 - WALL 52 - BUILDING	0.5.0	1 - STATED / ESTIMATED SPEED					
	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	RABUTMENT BARRIER 40-UTILITY POLE		47 - MAILBO	X	53 - TLNNEL	0 5 0	2 - CALCULATED / EDR					
611_	29-BRIDGE RAIL BARRIER		41 - OTHER POST, POLE 45 OR SUPPORT 46		/DDANT	54-OTHER FIXED COLECT 99-CTHER LUNKNOWN	POSTED SPEED	3 - UNDETERMINED					
	30 - GUARDRAIL FACE	36-MEDIAN OTHER BARRIER	42 - CULVERT	49-FIRE +1	UNANI	viii binii jiii	E 0						
1	FIRST HARMEIII EVEN						5,0						

OHIO DE	DHO DEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
										2,0,2,1,-,0,0,0,5,1,5,6,					
UNIT#		FIRST, MIDDLE				E OF BIRTH			AGE	GENDER					
0,1		ık, Michelle, S		0 7	<u>/ 1</u>	0, / 1 9	98	2 3	8	F					
158 N	CHEST	NUT ST ,Raveni		CONTAC	T PHONE	- INCLUDE AREA C	CODE								
0		EMS AGENCY (NAME)	1.5		-										
NO. 4	TAKEN 1	EMS AGENCY (NAME)		INJURED	TAKEN I	0: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COMPLIANT			N AIR BAG	USAGE 1	EJECTION	TRAPPED
		LICENSE NUMBER		OFFEN:	SE CHA	DCEO	LOCAL	0 4	L	ELMEI	0 1	<u> </u>		1	_1_
OL STATE				OF FER.	JE UNA	INGED	CODE	UFFENSE DESC	RIPTION			CITAT	TION NUI	4BER	
DL CLASS	ENDORSEMENT	T RESTRICTION SELEC	TUP -03 DRI	VER	ALC	OHOL / DRUG SUSP	ECTED	CONDITION	Д	LCOHOL	IFST		DPILE	TEST(S)	
19	SELECT UPTO 3			TRACTED		LCOHOL MAI		CONDITION		TYPE		STATUS	TYPE		SELECT UP 10 4
4				1	0	THER DRUG		1	1	1	_ , , , ,	1	. 1	1 11	11 11
UNIT #	NAME: LAST,	•								DATE	OF BIRTH			AGE	GENDER
0,2	Haney,	Ruth, A							0 3	/ 2	7,/,1.9	94'	7. 7	4	F
ADDRESS:	STREET, CITY, S				4177				CONTAC		- INCLUDE AREA C			1.0	
1915 S	STHY 59	9 75 ,Franklin Tw	Ю, д у	44240	0										
INJURIES	TAKEN	EMS AGENCY (NAME)		INJUREDI	AKENTO	: MEDICAL FACILITY	CHAME, CTTY	SAFETY EQUIPMENT	- not.o	COMPLIANT	SEATING POSITION	AIR BAG	IR BAG USAGE EJECTION TRAPPED		
2 3	BY 1							USED 0 4	MC H	ELMET	0,1	1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION			CITAT	TON NUN	ABER	
ADDRESS: 1915 S 1915 S INJURIES OL STATE OL H				333.0)3		X	Maximu	n Spe	ed Lir	nits	6634	66340		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		OHOL / DRUG SUSPE		CONDITION		COHOL T	EST	STATUS	DRUG TEST(S) TUS TYPE RESULT SELECT UPTO 3		
4			BY	1	=	LCOHOL MAF	RIJUANA			4	VALUE	. [KESUEI	BELECT UPTO 4
UNIT#	NAME: LAST,	FIRST HIDDLE			□ º	OTHER DRUG			_1			1	1		لـــالـــالـــ
ONIT W	NAME: LAST,	TREST, MIDDLE								DATE	OF BIRTH		-	AGE	GENDER
ADDRESS	STREET, CITY, ST	TATE 719				·									
ORIS	arkeri, Giri, ar	AIT, (IP							CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS:	INJURED	EMS AGENCY (NAME)		Liniunene		MEDICAL SACTORY						1_1			
NO	TAKEN	EMS AGENCT (NAME)		INJUREDI	AKEN IO	: MEDICAL FACILITY	NAME, CITYS	SAFETY EQUIPMENT	□ DOT-C	UM: LIANI	EATING POSITION	AIR BAG	USAGE E.	JECTION	TRAPPED
OL STATE	OPERATOR I	JCENSE NUMBER		OFFENS	E CUAL	nern	LOCAL	OFFENSE DESC	☐ MC HI	ELMEI		<u> </u>			
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OL CLASS	ENDORSEMENT	RESTRICTION "	ORIV	/FB T	ALCO	DHOL / DRUG SUSPE	Al	COHOLT	Сет		DOUG T	FeT/e			
	SELECT UP TO >			RACTED		LCOHOL MAR		CONDITION	STATUS				TYPE	RESULT:	
<u></u>	لــــا لــــا				0	THER DRUG									
and the second s	RIES	SEATING POSITION		IR BAG		OL CLASS	MERSE	OL RESTRICT	ION(S)	The Real Property lies	R DISTRACT	ION	TES	ST STAT	US
1 - FATAL 2 - SUSPECTED S	SERIOUS INJURY	I - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED 1 - CLASS A 2 - DEPLOYED FRONT 2 - CLASS B 3 - DEPLOYED SIDE 3 - CLASS C 4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS				1 - ALCOHOL INTERL 2 - CDL INTRASTATE	ONLY 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATIO				1 - NONE GIVEN 2 - TEST REFUSED ON 3 - TEST GIVEN, CONTAMINATED		
3 - SUSPECTED A	MENOR ENJURY	2 - FRONT - MIDDLE						3- CORRECTIVE LEN				CATION			
4 - POSSIBLE IN. 5 - NO APPARENT		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE						4 - FARM WAIVER	DEVICE (TEXTING, TYPINI DIALING)		NL,	SAMPLE / UNUSABLE			
J- NO AFFARENT	I INJURY	(MOTORCYCLE PASSENGER)		S. M.C. MODER AND				5 - EXCEPT CLASS A 6 - EXCEPT CLASS A	BUS 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			it.	4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS		
INJURED T		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE		6 - NO VALID OL & CLASS BE				& CLASS B BUS	S 4 - TALKING ON HAND-HELD UNKNOWN						
/TREATED AT		7 - THIRD - LEFT SIDE	EJ	EJECTION OL ENDORSEMENT 8-INTERMEDIAT					ALCOUNT TEST					TYPE	
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8 - THIRD = MIDDLE	1 - NOTEJEC					RESTRICTIONS	ICCNSE	ELECTRONIC DEVICE			1 - NONE		
9-OTHER/UNK	NOWN	9 - THIRD - RIGHT SIDE	3 - TOTALLY I				9 LEARNER'S PERI. RESTRICTIONS	AIT	6 - PASSENGER 2 - BLOOD 7 - OTHER DISTRACTION 3 - URINE						
CAFETY CO	MUDWENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPL	T. TAJJENGER			10 - LIMITED TO DAYL	IGHT ONLY	ONLY INSIDE THE VEHICLE			4 - BREATH			
1 - NONE USED	TOTAMENT	11 - PASSENGER IN OTHER	TR	APPED	Q - MOTOR SCOOTER 11 - LIMITED TO EMP			THE VEHICLE				5-OTHER			
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, I - NOTTRA					ED S - SCHOOL BUS 13 - MECHANICAL			13 - MECHANICAL DEV	CAL DEVICES 9 OTHER / UNKNOWN				DRUG TEST TYPE		
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRIC 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHA						CONTROLS, OR OT					1 - NONE 2 - BLOOD			
5 - CHILD RESTRA	5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FREED NON-MI 6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			REED BY X-TANKER/HAZMAT				ADAPTIVE DEVICE 14 - MILITARY VEHICL			RENTLY NORMAL		3 - URINE		1 7 7
				Constitution			15 - MOTOR VEHICLES			CAL IMPAIRMENT IONAL (E.S. DOERES		1-OTHER			
REAR FACING						F-FEMALE		AIR BRAKES 16 - OUTSIDE MIRROR		THIS TO STURBED)			DRUG TE	-	ULT(S)
7 - BOOSTER SEA 8 - HELMET USE		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				M - MALE U - OTHER / UNKNOWN		17 - PROSTHETIC AID		4- ILLNES 5- FELL A	SS SLEEP, FAINTED,		- AMPHETA		
9 - PROTECTIVE	PADS USED	VINEAL VINIAL THE						18-OTHER		FATIGL	IED, ETC.		2-BARBITU BENZODI		2
(ELBOW, KNEE										OF MEI	THE INFLUENCE DICATIONS / DRUG!	s 4	-CANNABI	INOIDS	
10 - REFLECTIVE (11 - LIGHTING - PI										/ALCOI	IOL / UNKNOWN		- COCAINE		570
/ BICYCLE ONL	LY									7- VINEK	, UNCHUNIA		OTHER	OFTOTOS	100
99 - OTHER / UNKN		4127										- NEGATIV	E RESULTS	3	

OCCUPANT / WITNESS ADDENDUM									LOCAL REPORT NUMBER						
The last	UNIT#	NAME: LAS	ST, FIRST MIDDLE	2,0,2,1,-,0,0,0,5,1,5,6											
	, 01	Carr,	Veronica, L	DATE OF BIRTH AGE GENDER											
ANT	ADDRESS	STREET, CITY,		0 7 4 3 1 1 1 9 8 2 3 8 F CONTACT PHONE - INCLUDE AREA CODE											
DCCUPAN	159 N	SCRA	NTON ST ,Ra	OUNTAUT PROMI	INCLUDE AREA C	DOE									
ō	INJURIES	INJURED TAKEN	EMS Agency (NAME)	SEATING POSITION AIR BAG USAGE EJECTION TRAPPE											
	4	BY 1					USED 0 4	DOT-COMPLIANT	0 3	1 1	1	1			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
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	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL F	FACILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5								MC HELMET			ـــال				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
ķ	Anness.	STREET, CITY,	CTATE 210					<u></u>	1/1						
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ı		TAKEN BY	Emo Auent Manie/		INJURED TAKEN TO: MEDICAL F	ACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
-	UNIT#	NAME. LAS	T, FIRST, MIDDLE					MC HELMET		L	نــــار				
ı	01121 #	TVAME. (AS	i, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER			
PN-	ADDRESS:	STREET, CITY	STATE, ZIP			0007407-0000									
J.C.								CONTACT PHONE	- INCLUDE AREA CO	U.					
ĕ	INJURIES	INJURED	EMS Agency NAME		IN UR DIAKINTO MEDICAL F	ACILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR RAC HEACE	FIFETION	TDADDED			
		TAKEN BY					USED	DOT-COMPLIANT MC HELMET	2CM1110 L 021110k	AIR BAG USAGE	EJECTION	IKAPPED			
P		INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS		RO THE SECOND A	AIR BAG U	SAGE				
F	1 - FATA	L		1 - NONE US		1 - FRON	T-LEFT SIDE	1 - NOT DEPLOYED							
ı			RIOUS INJURY		OCCUPANT R BELT ONLY USED	(MOT	ER) 2 - DEPLOYED F			RONT					
ı		SIBLE INJU	NOR INJURY	3 LAP BELT	THE PARTY NAMED IN COLUMN	3 - FRON		ED SIDE	IDE						
ı		PPARENT I			R & LAP BELT USED		ND – LEFT SIDE ORCYCLE PASS			4 - DEPLOYED BOTH FRONT/SIDE					
L			TAKEN BY		STRAINT SYSTEM -		ND - MIDDLE	LINGLIO	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN						
r	1 - NOT 1	TRANSPOR		FORWARD	STRAINT SYSTEM -		ND - RIGHT SID	E							
ı		ATED AT S		REAR FAC			D - LEFT SIDE ORCYCLE SIDE	CAR) EJECTION							
ı	2 - EMS			7 - BOOSTER	SEAT		D - MIDDLE		1 - NOT EJ						
ı	3 - POLI			8 - HELMET			D – RIGHT SIDE PER SECTION O		2 - PARTIA	LLY EJECTE	D				
L	9- UTHE	R / UNKNO			(VE PADS USED (NEES, ETC.)	11 - PASSI	ENGER IN OTHE O AREA (NON-TR	R ENCLOSED							
ľ	F - FEMA		DER	10 - REFLECT	IVE CLOTHING	BUS, P	PLICABLE								
8.	M - MALE				- PEDESTRIAN		ENGER IN UNEI O AREA	NCLOSED	TRAPPE	PED					
	U - OTHE	R / UNKNOV	VN	/ BICYCLE		13 - TRAIL	13 - TRAILING UNIT								
				77 - OTHER 7 O	TERRITORY		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 2 - EXTRICATED BY MECHANICAL MEANS					AL			
						15 - NON-N				BY NON-ME	CHANICA	L			
Y	NAME-LAS	T, FIRST MIDDL	-	0 1		99 - OTHE	R / UNKNOWN		MEANS			la la			
202	-vrsores t M3	-, i wat MIDNE						DATE	OF BIRTH		AGE	GENDER			
1	ADDRESS:	STREET, CITY, S	STATE, ZIP					CONTACT PHONE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		للحنط				
								STATE TONE	NULUUL AREA COD						
	NAME: LAS	f, FIRST, MIDDL	E	All discounts				DATE	OF BIRTH		AGE	GENDER			
ANDORES AND								1/		1					
ADDRESS: STREEL, CITY, STATE, ZIP							CONTACT PHONE	INCLUDE AREA COD	E						
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223	IVANIE: LAS	i, rika i, MIUOL	E					DATE	OF BIRTH		AGE	GENDER			
	ADDRESS:	STREET, CITY, S	STATE ZIP					CONTACT PHONE	The line are:						
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