OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*							
PHOTOS TAKEN 0H-2 0H-3	\[\(\begin{aligned} \(\begin{aligned} \begin{aligned} \(2 \text{0} \text{2} \text{0} \text{-} \text{0} \							
OH-1P OTHER	REPORTING AGENCY NAME*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR						
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	0.6, 7.0, 3	1 - SOLVED	$\begin{bmatrix} 0 & 1 \end{bmatrix} \begin{bmatrix} 0 \end{bmatrix}$	98 - ANIMAL 99 - UNKNOWN			
1-CITY	Y, VILLAGE, TOWNSHIP*		CRASH DATE / T	IME* CRA	SH SEVERITY			
6,7 1 2-VILLAGE Kent	0.2.0.7.2.0.2.0./.1.8.14. 5 1-FATAL 2-SERIOUS INJURY							
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DEC	IMAL DEGREES	SUSPECTED			
1 11231	WATER	ST	4,1,1,4,0	MINOR INJURY SUSPECTED				
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		INJURY POSSIBLE			
3- EAST 4-WEST	RELLIM	DR	-81,6	5,7,6,	PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE IR	ROUTE TYPE ROAD TYPE		I	NTERSECTION RELATED				
1 2-MILE POST 1 2-SOUTH US	- INTERSTATE ROUTE(TP) AL - ALLEY HW-HIGHWAY - FEDERAL US ROUTE AV - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3-HOUSE # 3-EAST	- STATE ROUTE BL - BOULEVARD MP - MILEPOST	RCHANGE AREA NUM	BER OF APPROACHES					
DISTANCE DISTANCE CR	- NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL CT - COURT PK - PARKWAY	TE - TERRACE TL - TRAIL	ROADWAY					
1-MILES TR 2-FEET 2 3-YARDS	- NUMBERED TOWNSHIP DR - DRIVE PI - PIKE	WA - WAY	ROADWAY DIVIDED					
	HE - HEIGHTS PL - PLACE							
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVE			DIRECTION OF TRAVEL					
L.U.D.	VALLEY ACCESS 1 BETWEEN 5-BACKING		1-NORTH 1-SOUTH	(<4 FEET				
3 - IN MEDIAN 11 - RAILWAY (4 - ON ROADSIDE 12 - SHARED U	VEHICLES IN 6-ANGLE	ME DIRECTION	3- EAST 4- WEST	2 - DIVIDED F (≥4 FEET	LUSH MEDIAN			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANI	2 - REAR-END 8 - SIDESWIPE, 0 3 - HEAD-ON 9 - OTHER / UNKN		4 4 4 2 3 1		DEPRESSED MEDIAN			
7 - ON RAMP 14-TOLL BOOT	TH 3-11CAU-UN 3-UTREK/ BINKIN	OWN		(ANY TYPI	Ε)			
8-OFF RAMP 99-OTHER/U				9 - OTHER/UN	KNOWN			
WORK ZONE RELATED	WORK ZONE TYPE LOCATION OF CRASH IN 1 - BEFORE THE 1S		CONTOUR	CONDITIONS . 3	SURFACE			
WORKERS PRESENT 2	- LANE SHIFT/CROSSOVER WARNING SIGN			2				
LAW ENFORCEMENT PRESENT	-WORK ON SHOULDER 2 - ADVANCE WARN OR MEDIAN 3 - TRANSITION AR			1 - DRY 2 - WET	1 - CONCRETE			
	- INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA			3 - SNOW	2 - BLACKTOP, BITUMINOUS,			
	OTHER 5 - TERMINATION	IKEA		4 - ICE	ASPHALT 3 - BRICK/BLOCK			
LIGHT CONDITION 1 - DAYLIGHT	WEATHER 1-CLEAR 6-SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL,			
2 2- DAWN/DUSK	0.6. 2-CLOUDY 7-SEVERE CROSSWINDS		6 - WATER (STANDING,	STONE 5 - DIRT				
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DI 4 - RAIN 9 - FREEZING RAIN OR FREI			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN			
5 - DARK – UNKNOWN ROADWAY LIGHTING				9 - OTHER/UNKNOWN				
9 - OTHER / UNKNOWN				1				
NARRATIVE				A	Indicate the north direction with			
Unit 1 was traveling northbou		A	an "N" on the compass diagram.					
attempted to turn right onto	Rellim Dr. and lost							
control of the vehicle due to	the snowy conditions	S	i	(T)				
Unit 1 then went off the left		WAT		NOT TO SCALE	= 1			
	· ·	WATER ST. (SR43)	- i					
Rellim Dr. and struck the sto		(SR	-200	POLE				
at the ground. Unit 1 then st	ruck the telephone pole	43)	Chi	RELLIM DR.				
# 59BC4 C-23 65T causing d	amage to the bottom of the		(
pole. The street dept was con	tacted regarding the		1					
stop sign on Rellim Dr. Ohio	Edison was contacted		3					
regarding the damage. Drive	TOT UNIT I WAS CITED FOR							
failure to control.								
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME ARRIVAL DATE / TI		SCENE CLEARED		POLICE AGENCY			
	0.7.2.0.2.0./.1.8.1.5, $0.2.0.7.2.0.2.0./$			0,/,1,8,4,9	MOTORIST			
TOTAL TIME OTHER TOT MINUSTIGATION TIME MINU			icer's name* ser, Jennifer	片	SUPPLEMENT			
	OFFICER'S BADGE NUMBER*		BY OFFICER'S BADGE N	NUMBER*	(CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO COPS)			
0 0 0 0 3 0 0 6	5 4 2 3 3	2 2	9	1 1				

I FIRST HARMFUL EVENT

4 MOST HARMFUL EVENT

_2_5

OHIO OF P	SOF PUBLIC BAPTET MOTORIST / Non-Motorist						LOCAL REPORT NUMBER						
							2 0 2	2,0,2,0,-,0,0,0,0,2,7,8,7					
UNIT A							DATE OF BIRTH AGE GENDER						
O, 1	BLANNER, ZACHARY, EVAN SS: STREET, CITY, STATE, ZIP							1,0,0,7,1,9,9,7,2,2, M					
910	MORRIS	RD 5 ,Kent ,OH	44240						CONTACT PI	IONE - INCLUDE AREA	CODE		
INJURIE	INJURED TAKEN	EMS AGENCY (NAME)		INJURED T	AKEN TO	: MEDICAL FACILITY	NAME, CITYI	SAFETY EQUIPMENT	DOT-COMP	SEATING POSITIO	ON AIR BAG US	AGE EJECTION	N TRAPPED
OL STAT		I ICENSE NIIMBED	IMPED OFFICE OUR			norn		0 4	MC HELM	ELMET 0 1		1 1 1	
P A		OT LI			CODE CODE			OFFENSE DESC			CITATION NUMBER		
OL CLAS	S ENDORSEMEN	DRSEMENT RESTRICTION SELECT UP TO 3 DRIVI			VER ALCOHOL / DRUG SUSPECTED CO		Failure to Co			61811 DRUG TEST(S)			
6	SELECT UP TO 2		BA	TRACTED		LCOHOL MAR			STATUS TYP	E VALUE			LT SELECT UPTO 4
4					0	THER DRUG		11	1 1		_1		
UNIT #	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER
ADDRES	SS: STREET, CITY, S	TATE, ZIP											
INJURIE									CONTACT PE	IONE - INCLUDE AREA	CODE		
INJURIE	S INJURED	EMS AGENCY (NAME)		INJUREDTA	AKEN TO	: MEDICAL FACILITY	NAME, CITYI	SAFETY EQUIPMENT		SEATING POSITIO	N AIR RAG (IS	AGE EIECTION	TRAPPED
0N	TAKEN							USED	DOT-COMP	LIANT	Adit she sa	AGE LUCCITOR	INAFFED
OL STAT	E OPERATOR	LICENSE NUMBER	_	OFFENS	E CHAP	RGED	LOCAL	OFFENSE DESC	CRIPTION		CITATIO	N NUMBER	ــــــال
NO CLAS	_												
OL CLAS	SELECT UP TO 2	T RESTRICTION SELECT	DIS	VER TRACTED		OHOL / DRUG SUSPE	CTED	CONDITION	ALCO STATUS TYP	HOL TEST E VALUE		RUG TEST(S YPE RESUL	T SELECT UP TO 4
L			BY		=	THER DRUG	LUUANA						
UNIT #	NAME: LAST,	FIRST, MIDDLE			_					DATE OF BIRTH	ال	AGE	GENDER
	_												
ADDRES	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE				
D TAILURY	e lan unes T	5110 1051101											
W. INJURIE	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDTA	AKEN TO	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	DOT-Comp		N AIR BAG US	AGE EJECTION	TRAPPED
OL STAT				OFFENSE CHARGED LOCAL OFFENSE DI			OFFENSE DESC	MC HELMET				بـــــا	
TORI							CODE	OTTENSE DESC	ALF HON		CITATIO	N NUMBER	
OL CLAS	S ENDORSEMEN	RESTRICTION SELECT		VER TRACTED	ALCO	OHOL / DRUG SUSPE	CTED	CONDITION		HOL TEST		RUG TEST(S	
			BY	TRALIED		LCOHOL MAR	ANAULI		STATUS TYP	E VALUE	STATUS	YPE RESUL	T SELECT UP 104
IN	JURIES	SEATING POSITION		IR BAG	U 01	THER DRUG OL. CLASS		OL RESTRIC	TIONE	DDIVED DISTORE			
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP	LOYED		1-CLASS A		1 - ALCOHO INTER	distribution of the	DRIVER DISTRAC L-NOT DISTRACTED	Taking the second surface	TEST STA	ATUS
The second second	ED SERIOUS INJURY ED MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOY	CONTRACTOR OF THE		2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	(ICATION)	TEST REFUSED	
4 - POSSIBLI	E INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRON	T/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	INSES	DEVICE (TEXTING, TY) DIALING)	DINC 3.	TEST GIVEN, COI Sample / Unus	
5 - NO APPAI	RENT INJURY	(MOTORCYCLE PASSENGER)	5 - NOT APP 9 - DEPLOY	LICABLE MENT UNKNOV	L'N	(OHIO = D) 5 - MJC MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS	Control of the second	3 -TALKING ON HANDS-FI COMMUNICATION DEV	KEE	TEST GIVEN, RE TEST GIVEN, RE	
INJURE 1-NOTTRA	D TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS		-TALKING ON HAND-HE	LD	UNKNOWN	30013
/TREATE	D AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	AND DESCRIPTIONS	ECTION		OL ENDORSEM	IENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		COMMUNICATION DEV 5 - OTHER ACTIVITY WITH	A A	LCOHOLTE	STTYPE
2 - EMS 3 - POLICE		8-THIRD-MIDDLE	1 - NOT EJE 2 - PARTIAL	CTED Ly ejected		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER) KIT	ELECTRONIC DEVICE		NONE BLOOD	
9-OTHER/	JNKNOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3-TOTALLY	The state of the s		P - PASSENGER		RESTRICTIONS		7-OTHER DISTRACTION	ACT TO THE REAL	URINE	
SAFETY	EQUIPMENT	OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAY 11 - LIMITED TO EMI	San	INSIDE THE VEHICLE 3 - OTHER DISTRACTION (BREATH OTHER	
1 - NONE US 2 - SHOULDE	ED R Belt only used	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	1 - NOTTRA	RAPPED	577-0	R-THREE WHEEL MOT	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE O-OTHER / UNKNOWN		DRUG TEST	TTYPE
3 - LAP BELI	The second secon	(NON-TRAJLING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICA	TED BY		S - SCHOOL BUS T - DOUBLE & TRIPLET	RAII FRS	13 - MECHANICAL DI (SPECIAL BRAK) CONTROLS, OR O	ES HAND	Jacker S. J.	1000	NONE	
100 C 72 L2	R & LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	D MECHANICAL MEANS 3 - FREED BY		X-TANKER/HAZMAT		ADAPTIVE DEVI	CES) 1	CONDITION 1 - APPARENTLY NORMAL		2-BLOOD 3-URINE		
FORWARI	FORWARD FACING 13-TRAILING UNIT 6-CHILD RESTRAINT SYSTEM - 14-RIDING ON VEHICLE EXTERI		NON-MECHANICAL MEANS		GENDER 15 - MOTOR VEHICL		F - 1 II I STONE TWI WINNELL I		IT 4.	4-OTHER			
REAR FAI	CING	(NON-TRAILING UNIT)				F-FEMALE M-MALE		AIR BRAKES 16 - OUTSIDE MIRRO		ANCRY DIST RE D)	DF	UG TEST R	and the same of th
7 - BOOSTER 8 - HELMET		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AL		 ILLNESS FELL ASLEEP, FAINTED 		AMPHETAMINES Barbiturates	
9 - PROTECT	TVE PADS USED							18-OTHER		FATIGUED, ETC UNDER THE INFLUENC	3.	BENZODIAZEPIN	VES
THE RESERVE OF THE RES	KNEES, ETC.) TVE CLOTHING									OF MEDICATIONS / DRU	igs 4.	CANNABINOIDS COCAINE	
11 - LIGHTING / BICYCL	G – PEDESTRIAN E ONLY	1.4.1.2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.							9	- OTHER / UNKNOWN	6 -	OPIATES/OPIOI	DS
99 - OTHER/	TOTAL STREET				17.5						7- 8-	OTHER	