OHIO DEPARTMENT T	RAFFIC CR	LOCAL REPORT NUMBER*							
_		)H-3	2,0,2,1,-,0,0,1,5,6,7,3,						
X PHOTOS TAKEN  SECONDARY CRASH	X 0H-1P 0		PORTING AGENCY NAME		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
SECONDARY CRASH	PRIVATE PRO	PERTY C	ity of Kent Pol	ice	.0	6   7   0   3	1 - SOLVED	0,3	0 1 99-UNKNOWN
COUNTY* LOCALITY*	CITY		LLAGE, TOWNSHIP*				CRASH DATE / 1		CRASH SEVERITY
LO 1 1 3-1	VILLAGE Ken					0.9.2.2.2.0.2.1.		2 - SERIOUS INJURY	
ROUTE TYPE ROUTE NU	5-5	SOUTH	CATION ROAD NAME		ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED 3 - MINOR INJURY	
	<u> </u>	AAC 3 I	HERRY			ST	411, 141		SUSPECTED
ROUTE TYPE ROUTE NU	S - :	SOUTH	FERENCE ROAD NAME (R /ATER	OAD, MILEPOST, HO	JUSE #)	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE
_==	<u> </u>	WEST		1		ST	8 <sub>1</sub> 1 <sub>0</sub> 3 <sub>5</sub> 7 <sub>1</sub>		ONLY
REFERENCE POINT  1 - INTERSECTION	DIRECTION FROM REFERENCE N - NORTH	IR - INT	ROUTE TYPE TERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW-HIGHWAY R	D - ROAD	651	I <b>ntersection R</b> RSECTION OR ON A	
1 2-MILE POST 3-HOUSE #	S-SOUTH		DERAL US ROUTE	THE RESIDENCE OF THE PARTY OF T		Q - SQUARE			4
	W-WEST DISTANCE	10000000	ATE ROUTE	CR - CIRCLE		T - STREET E - TERRACE	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE	UNIT OF MEASURE 1 - MILES	THE PROPERTY	MBERED COUNTY ROUTE MBERED TOWNSHIP			L - TRAIL		ROADWAY	•
	2-FEET 3-YARDS	ROI	UTE		PI - PIKE V PL - PLACE	VA - WAY	ROADWAY DIV	IDED	
LOCATIO	N OF FIRST HARMF			MANNER OF CRASH	COLLISION/IMPA	CT	DIRECTION OF TRAVE	L	MEDIAN TYPE
1 - ON ROADWA 2 - ON SHOULD		OSSOVER		NOT COLLISION 4 BETWEEN 5	- REAR-TO-REAR - BACKING		N - NORTH		IDED FLUSH MEDIAN
3-IN MEDIAN	11-RA	ILWAY GRAD	DE CROSSING	VEHICLES IN 6	-ANGLE		S - SOUTH E - EAST	2-DIV	IDED FLUSH MEDIAN
4 - ON ROADSIE 5 - ON GORE		ARED USE P AILS			<ul> <li>SIDESWIPE, SAME</li> <li>SIDESWIPE, OPPO</li> </ul>		W-WEST		FEET ) IDED, DEPRESSED MEDIAN
6 - OUTSIDE TR	MILIO WAL	KE LANE LL BOOTH	3 -	HEAD-ON 9	- OTHER / UNKNOV	VN			IDED, RAISED MEDIAN YTYPE)
7-ON RAMP 8-OFF RAMP		HER/UNKN	OWN					9 - OTH	ER/UNKNOWN
WORK ZONE RELAT	TED	w	ORK ZONE TYPE	LOCATIO	N OF CRASH IN WO	RK ZONE	CONTOUR	CONDITION	S SURFACE
WORKERS PRESEN	NT		NE CLOSURE NE SHIFT/CROSSOVER	1-	BEFORE THE 1ST V WARNING SIGN	WORK ZONE	_1_	2	2
LAW ENFORCEMEN	NT PRESENT	3 - W01	RK ON SHOULDER MEDIAN		ADVANCE WARNIN		1 - STRAIGHT LEVEL	1-DRY	1 - CONCRETE
			ERMITTENT OR MOVING V		ACTIVITY AREA	•	2 - STRAIGHT GRADE	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS,
ACTIVE SCHOOL ZO	ONE	5 - OTH	IER	5 -	TERMINATION ARI	EA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK
	CONDITION			EATHER		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAI			
1 - DAYLIGHT 2 - DAWN/DUSK	(		1-CLEAR 0.4 2-CLOUDY	6 - SNOW 7 - SEVERE	CROSSWINDS 6-WATER (STANDING, 5-DIF				STONE PING, 5-DIRT
3 - DARK - LIGH	HTED ROADWAY DWAY NOT LIGHTEI	'	3 - FOG, SMOG, SI 4 - RAIN		G SAND, SOIL, DIRT, SNOW MOVING)				9 - OTHER/UNKNOWN
5 - DARK – UNK	NOWN ROADWAY L		5 - SLEET, HAIL	99 - OTHER /				9 - OTHER/UNKNO	wn
9 - OTHER / UNI	KNOWN								
NARRATIVE			7,6,11					<	Indicate the north direction with
UNIT 1 WAS 7	TRAVELL	ING SC	DUTHBOUND	ON S.					an "N" on the compass diagram.
WATER ST.	APPROAC	HING'	THE INTERS	ECTION O	F	T7 (170)			
UNIT 1 FAII	ED TO NO	TICE	UNIT 2 AND U	UNIT 3 WE	R	T	- m	1	
			EM AT A RED			ω.			
			20,4628	22372		WATER 51	3	P Z	)
			D IN BETWE		_				lot To Scale
UNIT 1 STR	RUCK UNIT	Γ2 ANI	D UNIT 3 WHO	O WERE S	Т ——		Jing 1	12.	
THE RED L	IGHT.				27		200	<del>\\\</del>	<del></del> !
			25>						
			ST		BOWM	AN DR			
		······································							
CDAMI DESCRIPTION	DATE (TIME	B.v.	- 1	COENE OI FARE	DATE (TIME	DESCRIPTION OF			
CRASH REPORTED			SPATCH DATE / TIME		RIVAL DATE / TIME		SCENE CLEARED		REPORT TAKEN BY  POLICE AGENCY
10   9   2   2   2   0   2   1   1   1   1   1   1   1   1   1	0THER		0FFICER'S NAME*	0,9,2,2				1   /   1   8   1   5	MOTORIST
ROADWAY CLOSED INV		TOTAL MINUTES		er		hecked by OFFI hort, Ja	icer's name* son M		SUPPLEMENT
		1 0 1		'S BADGE NUMBER			BY OFFICER'S BADGE	NUMBER*	(CORR ECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)
1. U . 7 . 7 . [(	0 7 3 . 0 1	1.0.5	3 1 2 1 2 1	2		2   2	8	1	a l



LOCAL REPORT NUMBER

2,0,2,1,-,0,0,1,5,6,7,3

UNIT#	OWNER NAME: LAST, FIRS	T MINNI E / Pears as notives		OWNED	HOME, person	E AREA CODE ( SAME AS DRIVER)	DAMAGE					
	SCOTT, MARY, E	AT, INSPECT		i-	FI WINES MULTER	E MICH POOL [ ] SAME AS DUIACUS		DAMAGE DAMAGE SCALE				
1	DRESS: STREET, CITY, STATE	ZIP ( SAME AS DRIVER)	······································	14			1 - NONE 3 - FUNCTIONAL DAMAGE					
4	NDEN AVE 1/2 ,ALL	- 50E S	1				2-MINOR DAMAGE 4-DISABLING DAMAGE					
	IAL CARRIER: NAME, ADDR			Саммерс	IAL CARRIER P	HONE: INCLUDE AREA CODE	9 - UNKNOWN					
	,,			1 1 1	I I	1 1 1 1 1 (i						
LP STATE	LICENSE PLATE #	VEHIC	E IDENTIFICATION #	l ve	HICLE YEAR	1 101101 - 1110		AMAGED AREA(S) CATE ALL THAT APPLY				
OH	HZC9000		1   L   7   2   E   D   5   5		10 LE YEAR		#3K					
	T THE STATE OF THE			0 2 3 2			0 0	11 12				
INSURA	105	ANT	INSURANCE POLICY #	M	COLOR	F250	12	12				
			HC DOT #				10 1 2	10 11 2				
COMME	TYPE OF USE  RCIAL GOVERNMENT [	IN EMERGENCY RESPONSE	US DOT #	City Sei	ľ: COMPANY I rvice	NAME	10 2					
	RCIAL GOVERNMENT			J City oc.		S MATERIAL	9 9 3					
INTERI	OCK	MUCCUPANIS	EHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS	MAT	ERIAL CL	ASS # PLACARD ID #	$\sqrt{7} \approx 5$	, T. 19 11 7				
L DEVICE	HIT/SKIP UNI		2 - 10,001 - 26K LBS		EASED		6	8				
		0,5	3 - >26K LBS	L PLAC	CARD _		7 6 5	11 7 6 5				
		7 - MOTORCYCLE 2-WHEELED	12-GOLF CART	18-LIMO (LIVERY)		23 - PEDESTRIAN / SKATER	,	12				
0;4		8 - MOTORCYCLE 3-WHEELED		19-BUS (16+ PASS)		24-WHEELCHAIR (ANY TYPE)	10	11 1 2				
UNIT TYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		20 - OTHER VEHICLI		25 - OTHER NON-MOTORIST	<del>-</del>	10 2				
	5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE		21 - HEAVY EQUIPM		26-BICYCLE	9					
		11 - ALL TERRAIN VEHICLE	16-FARM EQUIPMENT 17-MOTORHOME	22 - ANIMAL WITH F ANIMAL-DRAW	MANERAL P.	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	_	7.				
Λ1		(ATV / UTV)	11-MOTORNOUS		,	17 - UNKNUWN UR BITTSKIP						
01	# OF TRAILING UNITS						12 1	7 5 12				
	WAS VEHICLE OPERATING IN AU	TONOMOUS	0 - NO AUTOMATION	3 - CONDITIONAL A	UTOMATION	9 - UNKNOWN	12	12				
	MODE WHEN CRASH OCCURRED			4 - HIGH AUTOMAT			10 11 2	10 11 1 2				
<u></u>	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS	5 DIRTIN AUTOMOTOR	5 - FULL AUTOMAT			10 2	10 2				
1100		MODE LEVEL					9 9 3	3 9 9 3				
	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM	2	21 - MAIL CARRIER		8 4 7				
0 1		7 - BUS - INTERCITY		17-MOWING		99-OTHER/UNKNOWN	8 7 5 7	8 7 5 4				
SPECIAL	3 - ELECTRONIC RIDE SHARING			18-SNOW REMOVAL 19-TOWING			7 5	7 5				
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER					6	6				
	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVIC	CE PATROL			12 12 12				
0 1				B - POLE	1	12-CONCRETE MIXER	17					
CARGO	/NOT APPLICABLE	MOTOR VEHICLE		9 - CARGOTANK	1	13-AUTO TRANSPORTER	0.0					
BODY	2 - BUS	4 - LOGGING		10-FLAT BED	1	14-GARBAGE/REFUSE	R PAR.	5 3 9 1 3 9 3 3				
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUMP	q	99-OTHER/UNKNOWN						
10 8	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBL	E 9	99 - OTHER / UNKNOWN	· ·					
VEHICLE		5 - STEERING		10-DISABLED FROM		,, other distriction	6					
DEFECTS		6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT				6 6				
	1 UNTERCOTION MARKED	2 INTERPEDIAL ATOER	A BIOMOLET CHE	- 1485114195666			- NO DAMAGE	[0] - UNDERCARRIAGE [14]				
	CROCCINAL W	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSI		12-FIRST RESPONDER AT INCIDENT SCENE	□-TOP [ 13 ]					
NON-MOTORIST	2 - INTERSECTION - UNMARKED	CROSSWALK		10 - ORIVEWAY ACC 11 - SHARED USE PA		99 - OTHER / UNKNOWN	-105 (12)	- ALL AREAS [15]				
LOCATION AT IMPACT	COOCCIUM I W	5 - TRAVEL LANE - OTHER LOCATE		TRAILS	AID OK		□ - UN	IT NOT AT SCENE [16]				
AT IMPAGE	1 NON CONTACT	1 CTRAIGUT AUGAR	7 444//14/2 11 71174)	11 05007(47)06 0	CURVE 1	10 488884611110		-				
		1 - STRAIGHT AHEAD 2 - BACKING		13 - NEGOTIATING A		18-APPROACHING OR LEAVING VEHICLE	INITIA	AL POINT OF CONTACT				
1 3 1	0 1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	14 - ENTERING OR C SPECIFIED LOC		19-STANDING	0 - NO DAMA	GE 14 - UNDERCARRIAGE				
ACTION		4 - OVERTAKING/PASSING		15 - WALKING, RUNNING,		20-OTHER NON-MOTORIST		RTO UNIT 15 - VEHICLE NOT AT SCENE				
	5- BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	JOGGING, PLAY	ING 2	21 - STANDING OUTSIDE	DIAGR	RAM 99 - UNKNOWN				
	R OTHIOM	6 - MAKING LEFT TURN	IN TRAFFIC	IN TRAFFIC 16-WORKING			13-TOP					
	9-OTHER/UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHIC	CLE 9	99-OTHER / UNKNOWN		TRAFFIC				
	1 - NONE	7-LEFT OF CENTER	13-IMPROPER START FROM A	17 - VISION OBSTRU	ICTION 2	21 - LYING IN ROADWAY	TDAEFICWAY FLOW					
		8-FOLLOWING TOO CLOSE / AC	DA PARKED POSITION	18 - OPERATING DE		22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN				
,0,8,		9-IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	EQUIPMENT	2	23 - OPENING DOOR INTO						
	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY  15 - SWERVING TO AVOID	19 - LOAD SHIFTING		ROADWAY	22 - TW0-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
CIRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16-WRONG WAY	SPILLING		99 - OTHER IMPROPER ACTION		3-1 ENSITER				
	6-IMPROPERTURN	12 - IMPROPER BACKING		20 - IN PROPER CRO	iaainu		# OF THROUGH LANES	RAIL GRADE CROSSING				
SEQUENCE	OF EVENTS						ON ROAD	1 - NOT INVOLVED				
			NON-COLLISION				4	2 - INVOLVED PACEINE CROSSING				
1 2 0		6 - EQUIPMENT FAILURE	ADDAGINE DIDECTION OF	16 - RAILWAY VEHIC		22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING				
		7 - SEPARATION OF UNITS	TDAVEL	17 - ANIMAL - FAR		EQUIPMENT 23-STRUCK BY FALLING,	UNIT / NO	N-MOTORIST DIRECTION				
21 2 1 0	3 - IMMERSION 4 - JACKKNIFE	B - RAN OFF ROAD RIGHT	TO DOMINITE DINAMAY	18-ANIMAL — DEE 19-ANIMAL — OTH		SHIFTING CARGO OR		1 - NORTH 5 - NORTHEAST				
		9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICL		ANYTHING SET IN MOTION	_	2 - SOUTH 6 - NORTHWEST				
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN	TRANSPORT		BY A MOTOR VEHICLE 24-Other Movable Object	FROM1 TO L	2 3-EAST 7-SOUTHEAST				
31				21 - PARKED MOTOR	RVEHICLE			4 - WEST 8 - SOUTHWEST				
	OF IMPACT ATTENHATOR		ON WITH FIXED OBJECT			TO WOOM TOWN WATER		9 - OTHER / UNKNOWN				
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH	5	50 - WORK ZONE MAINTENANCE   EQUIPMENT	Juli 2 00 000					
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES	45 - EMBANKMENT	9	51 - WALL	UNIT SPEED	DETECTED SPEED				
5	STRUCTURE	34 - MEDIAN GUARDRAIL	SUPPORT	46-FENCE		52 - BUILDING		1 - STATED / ESTIMATED SPEED				
	27 - BRIDGE PIER OR ABUTMENT	BARRIER	40 - UTILITY POLE	46 - FENCE 47 - MAILBOX		53-TUNNEL	0,3,0	2 - CALCULATED / EDR				
41 1	28-BRIDGE PARAPET 29-BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48-TREE		54 - OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED				
٥٠٠٠	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49-FIRE HYDRANT	. ,	99 -OTHER / UNKNOWN						
, 1 .		1					2 5					
	FIRST HARMFUL EVEN	MOST!	HARMFUL EVENT					1				

OHIO DEPARTMENT OF PUBLIC SAFETY LOCAL REPORT NUMBER  $2 \cdot 0 \cdot 2 \cdot 1 \cdot - \cdot 0 \cdot 0 \cdot 0 \cdot 1 \cdot 5 \cdot 6 \cdot 7 \cdot 3$ OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER) OMNES PHONE - THE SELECTIONS - INTERNE ACTIONS DAMAGE 0 | 2 | MARION, JESSICA, LYNN DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 300 FAIRLAWN AVE SW , MASSILLON , OH 44646 L 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY VEHICLE IDENTIFICATION # LP STATE LICENSE PLATE # VEHICLE YEAR VEHICLE MAKE OH JAL9707 [3 | G| K| A| L| M E| V| 6 | K| L| 3 | 3 | 5 | 7 | 3 | 4 | 2 0 1 9 **GMC** INSURANCE VERIFIED **INSURANCE COMPANY INSURANCE POLICY #** COLOR VEHICLE MODEL GRANGE INSURANCE 4810542 TERRAIN GRY TYPE OF USE TOWED BY: COMPANY NAME US DOT # COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE **Bakers Towing** HAZARDOUS MATERIAL **VEHICLE WEIGHT GVWR/GCWR** #OCCUPANTS MATERIAL CLASS # PLACARD ID # 1 - ≤10K LBS 2 - 10,001 - 26K LBS HIT/SKIP UNIT RELEASED DEVICE PLACARD 0 1」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 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 25 - OTHER NON-MOTORIST 20 - OTHER VEHICLE UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26-BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM FOUIPMENT 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 A - HIGH AUTOMATION 0 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS 1 - NONE 6 - BUS - CHARTER/TOUR 11.FIRE 16.FARM 21 - MAIL CARRIER 0 1 2 - TAX! 7 - BUS - INTERCITY 12-MILITARY 17 - MOWING 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 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER O 1 1 CARGO 9 - CARGOTANK 13 - AUTO TRANSPORTER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE \$ 00 BODY 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OTHER/UNKNOWN 7 - WORN OR SLICK TIRES 1 - TURN SIGNALS 4 - BRAKES 9 - MOTORTROUBLE 99-OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER FOULPMENT 10-DISABLED FROM PRIOR ACCIDENT DEFECTIVE DEFECTS 3 - TAIL LAMPS 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 - ALL AREAS [ 15 ] 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS □-TOP [ 13 ] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99 - OTHER / UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE [163 TRAILS AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 14 - ENTERING OR CROSSING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING B - ENTERING TRAFFIC LANE 4 3-STRIKING 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 1 3 - CHANGING LANES SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10 - PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13-TOP 16 - WORKING DISABLED VEHICLE & STRUCK IN TRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9-OTHER/UNKNOWN 12-DRIVERLESS 13-IMPROPER START FROM A 1-NONE 7 - LEFT OF CENTER 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 18-OPERATING DEFECTIVE 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED EQUIPMENT 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 23-OPENING DOOR INTO 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 0 1 ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 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 - IN PROPER CROSSING # of THROUGH LANES RATE GRADE CROSSING 6-IMPROPERTURN 12-IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 4\_\_ NON-COLLISION 1 2 0 1 - OVERTURN/ROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 16 - RAU WAY VEHICLE 22 - WORK ZONE MAINTENANCE 11 - CROSS CENTERLINE -OPPOSITE DIRECTION OF EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM TRAVEL 23-STRUCK BY FALLING. **UNIT / NON-MOTORIST DIRECTION** 3 - IMMERSION B - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 1 TO 2 7 - SOUTHEAST 3 - EAST LOSS OR SHIFT 24-OTHER MOVABLE OBJECT 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 50 - WORK ZONE MAINTENANCE 43 - CURB / CRASH CUSHION EQUIPMENT 32 - PORTABLE BARRIER 3R - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52 - BUILDING 34 - MEDIAN GUARDRAIL 46-FENCE 0,0,0 27 - BRIDGE PIER OR ABUTMENT 40 - UTILITY POLE BARRIER 2 - CALCULATED / EDR 53\_THINNEL

47 - MAILBOX

49 - FIRE HYDRANT

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

2,5,

48-TREE

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

1\_ MOST HARMFUL EVENT

28 - BRIDGE PARAPET

30-GUARDRAIL FACE

J FIRST HARMFUL EVENT

29-BRIDGE RAIL

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

3 - UNDETERMINED



LOCAL REPORT NUMBER

2,0,2,1,-,0,0,0,1,5,6,7,3,\_\_

UNIT #	OWNER NAME: LAST, FIRS	T MIDDLE ( Deans as DRIVER)		OWNED BHONE.	USE AREA CONF. ( TE SAME AS DRIVER)	DAMAGE				
	JOHNSON, RAFEE	_		Don't Phuke M	NOT THE TANK LIMITARY BY UNION AL	DAMAGE SCALE				
_	DRESS: STREET, CITY, STATE	100000				4 1-NONE	3 - FUNCTIONAL DAMAGE			
	NYBROOK RD ,Br	<u></u>	240			2 - MINOR DAN				
COMMERC	IAL CARRIER: NAME, ADDR	ESS, CITY, STATE, ZIP		COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9	- UNKNOWN			
				( ) ( ) ( ) ( )		DAN	IAGED AREA(S)			
LP STATE	LICENSE PLATE #	VENICIS	IDENTIFICATION #	VEHICLE YE	AR VEHICLE MAKE		E ALL THAT APPLY			
				I						
$O \mid H \mid$	JKZ4212		$(V_14_1J_16_13_15_10_1)$	$\frac{5}{18} \frac{8}{10} \frac{0}{12} \frac{2}{10} \frac{1}{11}$	8 Chevrolet	12	12			
INSURA!	INSURANCE COMP	ANY II	NSURANCE POLICY #	COLOR	VEHICLE MODEL	0	11			
X INSURAN	ED GEICO	6	006-33-59-44	BLK	EQUINOX	0 11 1 2	10			
	TYPE OF USE		US DOT #	TOWED BY: COMPAN		\				
Попина		IN EMERGENCY	42 001 4	Bakers Towing	YNAME	10 2				
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE				9 3 3	9 9 3 3			
THE PARTY		#OCCUPANTS VE	HICLE WEIGHT GVWR/GCWR		US MATERIAL					
INTERL	HIT/SKIP UNI		1 - ≤10K LBS	MATERIAL RELEASED	CLASS # PLACARD ID #	B 7 5 4	B 7 7 5 4			
EQUIP	ED		2 - 10,001 - 26K LBS	PLACARD		6	6			
			3 - >26K LBS			6 6	12 7 5			
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	2	12			
0 1	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13-SNOWMOBILE	19-BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10	11 2			
0 1	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14-SINGLE UNITTRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	_	10 2			
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED	15-SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26-BICYCLE	9	0 = 3 3			
	5 - CARGO VAN	BICYCLE		22 - ANIMAL WITH RIDER OR	27 -TRAIN	<u></u>				
		11 - ALL TERRAIN VEHICLE	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE			7.			
л — — — — — — — — — — — — — — — — — — —	0 - VAN 17-13 SCA13)	(ATV/UTV)	17-MUTUKNUME	Allande Blocking verifice	99 - UNKNOWN OR HIT/SKIP	B 🗸	Heli			
	# of TRAILING UNITS					12 7	5 12			
						11	6 11			
L L	WAS VEHICLE OPERATING IN AU		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	12	. 2			
2	MODE WHEN CRASH OCCURRED	? . O	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		10 1 2	10 11 1 2			
2	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS		5 - FULL AUTOMATION		10 2 10 2				
		MODE LEVEL				9 9 3 3	9 9 3 3			
	1 - NONE	6 - EUS - CHARTER/TOUR	11-FIRE	16-FARM	21 - MAIL CARRIER	8 4 -	8 4 -			
						7 5 . /4	7 5			
0 1		7 - BUS - INTERCITY		17 - MOWING	99 - OTHER / UNKNOWN		Y Y			
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18-SNOW REMOVAL		7 5	7 5			
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14-PUBLIC UTILITY	19-TOWING		6	6			
9.0	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL						
							12 12 12			
0 1	1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER		8 - POLE	12 - CONCRETE MIXER	12				
0 1	/ NOT APPLICABLE	MOTOR VEHICLE		9 - CARGOTANK	13-AUTOTRANSPORTER	0.0				
CARGO BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	10-FLAT BED	14-GARBAGE/REFUSE	o DA o				
TYPE			T. CRAINSON BOARDING	11-DUMP	99 - OT HER / UNKNOWN	9(0,0)3 9	6 3 9 <mark>1 3 9 6 3</mark>			
					77 01 1211 011110011	()				
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6	ŏ			
VEHICLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10-DISABLED FROM PRIOR			The second second			
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT			6 6 6			
						- NO DAMAGE [	] UNDERCARRIAGE [ 14 ]			
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12-FIRST RESPONDER		J - UNDERORRATEDE (14)			
1 1 1	CROSSWALK	4 - MIDBLOCK - MARKED		10-DRIVEWAY ACCESS	AT INCIDENT SCENE	□-TOP [ 13 ]	- ALL AREAS [ 15 ]			
NON-MOTORIST	2 - INTERSECTION - UNMARKED	CROSSWALK			99-OTHER/UNKNOWN	-10F [13]	- ALL AREAS [13]			
LOCATION	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION		11 - SHARED USE PATHS OR TRAILS	11-011ER) QIRRIQIII	I'I IINTT	NOT AT SCENE [16]			
AT IMPACT		3 - LIMAET FRIAG - O'HE ( FOCY 10)		INAILS			NOTAL SCENE [ 16 ]			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING					
		2 - BACKING		14-ENTERING OR CROSSING	OR LEAVING VEHICLE		POINT OF CONTACT			
4 .	3-STRIKING 111	3 - CHANGING LANES		SPECIFIED LOCATION	19-STANDING	0 - NO DAMAGI	14 - UNDERCARRIAGE			
	1-SIMINING DECEMBER		9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING,	20 - OTHER NON-MOTORIST	, 0 , 7 , 1-12 - REFERT	O UNIT 15 - VEHICLE NOT AT SCENE			
ACTION	4- SINUK PRE-LRASH	4 - OVERTAKING/PASSING	10-1 AUNED	JOGGING, PLAYING		DIAGRA				
1.7	5 - BOTH STRIKING ACTIONS		11 - SLOWING OR STOPPED	16-WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	13-TOP	,, o.m.			
	& STRUCK	6 - MAKING LEFT TURN	III TRAFFIG							
	9-OTHER/UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHICLE	99-OTHER/UNKNOWN		TRAFFIC			
	1-NONE	7-LEFT OF CENTER	13-IMPROPER START FROM A	17 - VISION COSTRUCTION	21 - LYING IN ROADWAY					
	2-FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / ACD	DADVED BOCITION	18 - OPERATING DEFECTIVE		TRAFFICWAY FLOW	TRAFFIC CONTROL			
			14-STOPPED OR PARKED	EQUIPMENT	22 -NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
0 1	3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	THECALLY	19 - LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO	2 2 - TWO-WAY	2 2 SIGNAL 5 - YIELD SIGN			
CONTRIBUTING	4 - RAN STOP SIGN	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	SPILLING	ROADWAY		3 - FLASHER 6 - NO CONTROL			
G CIRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD			99 - OTHER IMPROPER ACTION					
	6-IMPROPERTURN	12-IMPROPER BACKING	10 - MINORO WAT	20 - IN PROPER CROSSING		# OF THROUGH LANES	RAIL GRADE CROSSING			
SEDILENCE	OF EVENTS					ON ROAD	1 - NOT INVOLVED			
>	OF EAFUIS		NON COLLECTOR			,4,  ,	2 - INVOLVED-ACTIVE CROSSING			
ш	1 AVEDTURNIBALLANCE	4 COMPACUT CAN HOS	NON-COLLISION	1/ Ballwayurur	20 14004 3045 44445		3 - INVOLVED-PASSIVE CROSSING			
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		caree / mourt broading			
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	TDAVSI	17 - ANIMAL — FARM	EQUIPMENT	JIMIT / NON	-MOTORIST DIRECTION			
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 DAWARIE DERAWAY	18-ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	JHII / NUN				
2 0 8	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	19-ANIMAL - OTHER	ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST			
	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN		20 - MOTOR VEHICLE IN	BY A MOTOR VEHICLE	1	2 - SOUTH 6 - NORTHWEST			
4 . 3	LOSS OR SHIFT		14-PEDESTRIAN	TRANSPORT	24-OTHER MOVABLE OBJECT	FROM 1 TO L	3 - EAST 7 - SOUTHEAST			
3 4 3			15-PEDALCYCLE	21 - PARKED MOTOR VEHICLE			4 - WEST B - SOUTHWEST			
	Date Management (Sec. 1971)		N WITH FIXED OBJECT				9 - OTHER / UNKNOWN			
41 1 1	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 -TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE					
7	/ 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	45 - EMBANKMENT	51 - WALL					
5[11	STRUCTURE	34 - MEDIAN GUARDRAIL	SUPPORT	46-FENCE	52 - BUILDING	1010101	1 - STATED / ESTIMATED SPEED			
	27 - BRIDGE PIER OR ABUTMENT	BARRIER	40 - UTILITY POLE	47 - MAILBOX	53-TUNNEL	0 0 0	2 - CALCULATED / EDR			
	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	48-TREE	54 - OTHER FIXED OBJECT	DOCTED CO	3 - UNDETERMINED			
6	29 - BRIDGE RAIL	BARRIER	OR SUPPORT	49-FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	2 - DARE LEGISTRED			
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT			l				
1 . 1 .	PIDAR ILABARETT MITTER	. 1	Amanus			2 5				
	FIRST HARMFUL EVEN	IT L—— MOSTH	ARMFUL EVENT				T. Comments of the Comment of the Co			

CHIQ DEPARTMENT MOTORIST / NON-MOTORIST									LOCAL REPORT NUMBER						
of Publi	TO POSTECTION	010K121 / 140		2,0,2,1,-,0,0,0,1,5,6,7,3											
UNIT#	· '	, FIRST, MIDDLE			DATE OF BIRTH AGE GENDER										
0,1	CAMP	BELL, DARUS, E	NUE	$\mathbf{L}$		0 2 / 0 1 / 1 9 8 8 3 3 M									
	STREET, CITY, S	to believe				CONTACT PHONE - INCLUDE AREA CODE									
Ö		ST, ALLIANCE,	1601												
2	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-C	OMPLIANT	ON AIR BA	G USAGE EJECTION	TRAPPED		
2 5	BY							0 4	inc n	ELMET 0 1	نے اب	1 1 1			
OL STATE	OPERATOR	LICENSE NUMBER			SE CHAR	RGED	LOCAL	OFFENSE DESC				CITATION NUMBER			
O H		-1		333.			X						941		
OL CLASS	SELECT UP TO 2			VER TRACTED		DHOL / DRUG SUSPE		CONDITION	STATUS	COHOL TEST TYPE VALUE	STATUS	TYPE RESULT	SELECT UPTO 4		
6				5		THER DRUG	TO CANA	, 1 ,	1	1	. 1	1	и к і		
UNIT #	NAME: LAST	, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
0.2.	MARI	ON, DEREK, HA	ROLD	)					1 0	/ 2 <sub>1</sub> 8 <sub>1</sub> / <sub>1</sub> 1	9 9	0 3 0	M		
	STREET, CITY, S									PHONE - INCLUDE AREA					
300 FA	AIRLAV	WN AVE SW ,MAS	SSILL	ON,	OH 4	4646							2.5		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	***			MEDICAL FACILITY	(NAME, CITY)		- DOT C	OMPLIANT SEATING POSITI	ON AIR BAI	G USAGE EJECTION	TRAPPED		
0N 4	BY 1	Kent Fire						USED 0 4	MC H		_ _ :	1 1	_ 1		
OL STATE	OPERATOR	LICENSE NUMBER		OFFEN	SE CHAR	RGED	LOCAL	OFFENSE DESC	RIPTION	,	CITA	TION NUMBER			
O, H,	r														
≥ OL CLASS	ENDORSEMEN SELECTURTO2	T RESTRICTION SELECT		VER TRACTED		HOL / DRUG SUSPI		CONDITION	AL STATUS	COHOL TEST TYPE VALUE	STATUS	DRUG TEST(S)	SELECT UPTO 4		
4 .			BY	1	=	LCOHOL MAR	RIJUANA	. 1 .	1	1					
UNIT#	NAME	J L L L L L L L L L L L L L L L L L L L				THER DRUG					_1_	1	السال		
		SON, RAFEEKAI	OF TT										GENDER		
ADDDESS	STREET, CITY, S		п, п								4 4 7	<u> </u>			
4700 G		BROOK RD ,Brin	nfield '	Turn	OH.	44240		CONTACT PHONE - INCLUDE AREA CODE							
0	INJURED	EMS AGENCY (NAME)	intetu			: MEDICAL FACILITY	(hehr 617)	SAFETY EQUIPMENT	L	CEATING BACKS	au I				
NON 3	TAKEN	Kent Fire		!		MEDICAL PACILITY	(NAME, CITY)	USED	DOT-C	OMPLIANT	AIR BA	G USAGE EJECTION	TRAPPED		
		LICENSE NUMBER		UHPMC  OFFENSE CHARGED LOCAL			0 4				TION NUMBER	3			
O H			CODE			OT ENGLISE BESORIF HON			OI IA	STATION NOMBER					
OL CLASS	ENDORSEMEN	T RESTRICTION SELECT			ALCO	HOL / DRUG SUSPI	ECTED	CONDITION		COHOL TEST		DRUG TEST(S)			
	ZETECT NE LOS		DIST BY	TRACTED		_	ANAULIS		STATUS	TYPE VALÜE	STATUS	TYPE RESULT	SELECT UP 104		
4				_1	01	THER DRUG		1	_1_	1	_ 1	_1	لسالسال		
D. Colored Color	JRIES	SEATING POSITION		IR BAG	o de cina	OL CLASS	S	OL RESTRIC	AND PARTY OF THE PARTY OF	DRIVER DISTRAC	TION	TEST STAT	rus		
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRACTED  2 - MANUALLY OPERATION	NG AN	1 - NONE GIVEN 2 - TEST REFUSED			
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOYE			3 - CLASS C		3 - CORRECTIVE LE		ELECTRONIC COMMU DEVICE (TEXTING, TV	NICATION	3 - TEST GIVEN, CONT			
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYE		NT/SIDE	4 - REGULAR CLASS (OHIO = 0)		4 - FARM WAIVER		DIALING)	PING,	SAMPLE / UNUSAE			
5 - NO APPAREN	AT INJURY	(MOTORCYCLE PASSENGER)	5 NOT APP 9 - DEPLOY		n WW	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		3 -TALKING ON HANDS-I COMMUNICATION DE		4 - TEST GIVEN, RESU 5 - TEST GIVEN, RESU			
100 P 100 L TURBER 14 C 20	TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	7-0212011	MEIT OUNT	A MIN	6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-H	ELD	UNKNOWN			
1 - NOT TRANSP /TREATED A		7-THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		COMMUNICATION DE 5 - OTHER ACTIVITY WIT	10.00 (Carpette	ALCOHOL TES	TTYPE		
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJE	CTED		H - HAZMAT		RESTRICTIONS	LICENSE	ELECTRONIC DEVICE		1 - NONE			
3-POLICE 9-OTHER/UNK	ANOMAN	8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIAL			M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 7 - OTHER DISTRACTION		2-BLOOD 3-URINE			
9-UIHER/UNA	CNUWN	10 - SLEEPER SECTION	3-TOTALLY 4-NOT APP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	INSIDE THE VEHICLE		4 - BREATH			
Lindred Control of the land	QUIPMENT	OF TRUCK CAB  11 - PASSENGER IN OTHER			de la	Q - MOTOR SCOOTER		11 - LIMITED TO EMI		8 - OTHER DISTRACTION THE VEHICLE	OUTSIDE	5-OTHER			
1 - NONE USED 2 - SHOULDER E	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRA	RAPPED PPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DI		9-OTHER/UNKNOWN		DRUG TEST	TYPE		
3- LAP BELT OF	NLY USED	PICK-UP WITH CAP)	2 - EXTRICA	TED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKE CONTROLS, OR O	ES, HAND	CONDITION		1 - NONE 2 - BLOOD			
AND A PROPERTY OF	& LAP BELT USED RAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHAN 3 - FREED B	IICAL MEAN! IY		X - TANKER / HAZMAT		ADAPTIVE DEVI	CES)	1 - APPARENTLY NORMA	rex r	3 - URINE			
FORWARD FA	ACING	13-TRAILING UNIT		CHANICAL M	EANS	GENDER		14 - MILITARY VEHICLE		2 - PHYSICAL IMPAIRME		4-OTHER			
6 - CHILD REST	RAINT SYSTEM – IG	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		3 - EMOTIONAL (E.G., DEP ANGRY DISTURBED)	KESSED	DRUG TEST RE	SULT(S)		
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO 17 - PROSTHETIC AU		4 - ILLNESS	0	1 - AMPHETAMINES			
8 - HELMET US		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		18-OTHER		5 - FELL ASLEEP, FAINTE FATIGUED, ETC.	U,	2 - BARBITURATES 3 - BENZODIAZEPINE	S		
9 - PROTECTIVE (ELBOW, KN										6 - UNDER THE INFLUEN OF MEDICATIONS / DR		4 - CANNABINOIDS			
10 - REFLECTIVE										/ALCOHOL		5 - COCAINE			
11 - LIGHTING - / BICYCLE 0										9-OTHER/UNKNOWN		6-OPIATES/OPIOIDS 7-OTHER	,		
99-OTHER/UN	KNOWN											8 - NEGATIVE RESULT	TS		

OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM									LOCAL REPORT NUMBER						
_		NA DATE :		2 0 2 1 - 0 0 0 1 5 6 7 3 DATE OF BIRTH AGE GENDER											
Ī	UNIT #		t, first, middle <b>N, DONALD, C</b>	CLARK-JA	AMES					0 1	AGE 2 0 1	GENDER M			
ANT		STREET, CITY,						O 2 ( 0 1 / 2 0 0 1 2 0 M CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN			RD ST 1/2 ,ALI	LIANCE ,											
)	INJURIES	INJURED TAKEN BY	EMS ABENCY (NAME)		SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT									
P	UNIT #	NAME: LAS	T, FIRST, MIDDLE		04		E OF BIRTH	1	AGE	GENDER					
10 OS	_01_		TOSE, PARIS,	A				0 9 / 2 1 / 2 0 0 4 1 7 M							
IPANI		STREET, CITY,	•				<u> </u>	CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	601 N		ST,ALLIANO	CE ,OH 44		**************************************	CAFFTY FAIIIDMENT	L	CEATING DACITION	Lain nan iinan	Terran	<del></del> 1			
6888		TAKEN BY	EMIS ABERCY (NAME)		INJURED TAKEN TO: MEBICAL FAC	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMEN  USED  0 4		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION 1	TRAPPED 1			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE	,				DAT	E OF BIRTH		AGE	GENDER			
8	<b>_01</b> _		ONE, TRACE					0 4 / 1	3 / 2 (	0 0	2 1	_M_			
OCCUPAN		STREET, CITY,		T 44240				CONTACT PHONE	- Incition come -						
000	INJURIES	A AMERICAN AND AND AND AND AND AND AND AND AND A	F ST ,Kent ,OF	1 44240	INJURED TAKEN TO: MEDICAL FAC	CILITY (NAME: CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR PAG IISAGE	EJECTION	TRAPPEN			
No.	_5_	TAKEN BY				,	USED 0 4	DOT-COMPLIANT MC HELMET	0,5	1 1	1	1			
	UNIT#	l	T, FIRST, MIDDLE	No. of Contract of				DAT	E OF BIRTH		AGE	GENDER			
Ļ	01		COCK, JA'DE	AUN, N				0 8 / 0	5 / 2 (	0 5	1 6	_M_			
CCUPAN		STREET, CITY,	ST, ALLIANC	TE OH 44	601			CONTACT PHONE - INCLUDE AREA CODE							
00		INJURED	EMS AGENCY (NAMF)	JE ,011 44	INJURED TAKEN TO: MEDICAL FAC	CILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
H	_5_	TAKEN BY		410			USED 0 4	DOT-COMPLIANT MC HELMET	0 6	1 1	1	1			
	) CATA		JRIES		' EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA 2 - SUSF		RIOUS INJURY	1 - NONE US VEHICLE	OCCUPANT	T – LEFT SIDE ORCYCLE DRIV									
			NOR INJURY		R BELT ONLY USED		IT – MIDDLE IT – RIGHT SIDE		3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE						
	4 - POSS	SIBLE INJU	RY	3 - LAP BELT	ONLY USED  R & LAP BELT USED	4 - SECO	ND - LEFT SIDE								
	5 - NO A	PPARENT I	INJURY		STRAINT SYSTEM -		ORCYCLE PASS ND – MIDDLE	ENGER)							
	T NOT	The State of the S	TAKEN BY	FORWARI	FACING STRAINT SYSTEM –		ND – RIGHT SIC D – LEFT SIDE	9 - DEPLOYMENT UNKNOWN							
		TRANSPOR ATED AT S		REAR FA		(MOT	ORCYCLE SIDE	CAR)	h basses	EJECTI	ON	ciar mist			
	2 - EMS			7 - BOOSTER			D – MIDDLE D – RIGHT SIDE								
	3 - POLI	CE ER / UNKNO	own	8 - HELMET 9 - PROTECT	USED IVE PADS USED		PER SECTION (	경기를 맞고 있는데 이 (하시는 것 같은 ) 없는 그 그리고 있는 것 같은 그리고 있을 것 같아 있다.							
		a Ulbridge diese	IDER	(ELBOW,	KNEES, ETC.)	CARG	ENGER IN OTH O AREA (NON-TR	RAILING UNIT, 4 - NOT APPLICABLE							
	F-FEMA	LE			IVE CLOTHING G – PEDESTRIAN	12 - PASS	PICK-UP WITH CAP ENGER IN UNE		ED TRAPPED						
	M - MALE	E R/UNKNO	WN	/ BICYCLI	EONLY		O AREA LING UNIT			1 - NOT TRAPPED					
				99 - OTHER / I	JNKNOWN	14 - RIDIN	NG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS						
						15 - NON-	MOTORIST		3 - FREED MEANS	3 - FREED BY NON-MECHANICAL					
	NAME: LAS	ST, FIRST, MIDD	LE			99 - 01 HE	R / UNKNOWN	DAT	E OF BIRTH		AGE	GENDER			
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WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
	NAME: LAS	ST, FIRST, MIDD	H.E.				· ···	DAT	E OF BIRTH	<u> </u>	AGE	GENDER			
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	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH	<del></del>	AGE	GENDER			
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	OHIO DEP	PARTMENT O	CCUPANT /	LOCAL REPORT NUMBER											
	111177 #			2 0 2 1 - 0 0 0 1 5 6 7 3 DATE OF BIRTH											
	03 .		t, first, middle <b>E, AMINAH, Y</b>	7							AGE	GENDER			
ķ		STREET, CITY,	<u> </u>					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN			BROOK RD,	CONTACT PROME	- INCLUDE AREA CO	DE		'							
00	INJURIES	INJURED	EMS AGENCY (NAME)			SEATING POSITION	AIR RAG USAGI	EJECTION	TRAPPEN						
	3	TAKEN 2	Kent Fire		SAFETY EQUIPMENT	DOT-COMPLIANT O 6 1 1 1 1 1									
2	UNIT#		T, FIRST, MIDDLE		DAT	E OF BIRTH		AGE	GENDER						
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ō	INJURIES	INJURED TAKEN	EMS Agency (NAME)	****	INJURED TAKEN TO: MEDICAL FA		негв	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	<u>4</u>	BY _2_	Kent Fire		Akron Children	ns Hospita	$\begin{bmatrix} 0 & 1 \end{bmatrix}$	MC HELMET	0,4	1 1	_1_	_1			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
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OCCUPAN	VALUE - 1	·	24												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FA	CILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5						<del></del>	لللا	MC HELMET		L	يــــال				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT ,	E OF BIRTH		AGE	GENDER			
ķ	ADDRESS.	STREET, CITY,	STATE 710				<del></del>	CONTACT DUONE	/						
OCCUPAN	ADDILLOS.	STREET, GITT,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
30	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FA	CILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	FIECTION	TRAPPED			
		TAKEN BY				,,,,	USEB	DOT-COMPLIANT MC HELMET							
Ī		INJU	JRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
	1 - FATA	(L		1 - NONE US	ED - 1 - FRONT - LEFT SIDE OCCUPANT (MOTORCYCLE DRIV										
			RIOUS INJURY		R BELT ONLY USED	THE PERSON NAMED IN COLUMN	T – MIDDLE	EK)	2 - DEPLOYED FRONT						
			NOR INJURY	3 - LAP BELT			T - RIGHT SIDE		3 - DEPLOYED SIDE						
		SIBLE INJU PPARENT I		4 - SHOULDE	R & LAP BELT USED		ND – LEFT SIDE ORCYCLE PASS		4 - DEPLOY						
ı	J NOR			Application of the second seco	STRAINT SYSTEM -	5 - SECO	ND - MIDDLE	5 - NOT APPLICABLE							
ı	1 - NOT	TRANSPOR	TAKEN BY	FORWARD A- CHILD RE	STRAINT SYSTEM –		ND – RIGHT SIE D – LEFT SIDE	)E	9 - DEPLOY	MENT UNI	CNOWN				
		ATED AT S		REAR FAC		(MOT	DRCYCLE SIDE	CAR)		EJECTI	0 N				
	2 - EMS			7 - BOOSTER	SEAT		D – MIDDLE D – RIGHT SIDE		1 - NOT EJ	ECTED	7				
	3 - POLI			8 - HELMET			PER SECTION (								
ı	9 - 01 HE	ER / UNKNO			IVE PADS USED KNEES, ETC.)	ENGER IN OTH	FDAIL ING LINET								
	F-FEMA	EDY PARAGOSA	IDER	10 - REFLECT	IVE CLOTHING	BUS, P	ICK UP WITH CAP	CAP)							
	M - MALE			11 - LIGHTING	- PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED							
	U - OTHE	R / UNKNO	WN	99 - OTHER / U			ING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL						
							IG ON VEHICLE TRAILING UNIT)	EXIERIOR	MEANS						
							MOTORIST	3 - FREED BY NON-MECHANICAL							
	NAME-1 AC	ST, FIRST, MIDD	l F			99 - 01 HE	R / UNKNOWN	D. T	E OF BIRTH		AOF	GENDER			
ESS		, •, 1911100						/ .	L OF BIRTH		AGE	GENUER			
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
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S	NAME: LAST, FIRST, MIDDLE							DAT	E OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS, CYRET CHYN DYAY. 71D														
M	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE ARFA CODE							
3	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH	1	AGE	GENDER			
ESS		,,						DAI		_ , _ ].	AUE	GERDER			
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP			·····		CONTACT PHONE	- INCLUDE AREA COI						
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