OHIO DEPARTMENT TRAFFIC CRASH R	LOCAL REPORT NUMBER*						
DHOTOS TAKEN OH-2 X OH-3	$2 \cdot 0 \cdot 2 \cdot 3$	· _ 0 _ 0 _ 0 _ 1	0.7.3.7				
OH-1P OTHER R	REPORTING AGENCY NAME* City of Kent Police	NCIC* 0,6,7,0,3	1 1-SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL 1 1 99 - IINKNOWN		
1— (VILLAGE, TOWNSHIP*	լսլս, /լսլո,	CRASH DATE /T		RASH SEVERITY		
6,7, 1,2-VILLAGE Rent			0,7,0,9,2,0,2,3,/	/ ₁ 2 ₁ 0 ₁ 1 ₄ 5	1 - FATAL 2 - SERIOUS INJURY		
	OCATION ROAD NAME	ROAD TYPE	LATITUDE DEC	IMAL DEGREES	SUSPECTED		
4 E-EAST N	MAIN	$S \setminus T$	41,1,15,3		3 - MINOR INJURY SUSPECTED		
S-SOUTH	EFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GOUGLER	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE		
	ROUTE TYPE ROAD TY	AV	$\frac{-8_{1}1_{10}3_{1}6_{1}0_{1}}{r}$		ONLY		
1 - INTERSECTION FROM REFERENCE N - NORTH IR - IN	NTERSTATE ROUTE(TP) AL - ALLEY HW-HIGHV	VAY RD - ROAD	INTERSECTION RELATED X WITHIN INTERSECTION OR ON APPROACH				
3-HOUSE # L E-EAST	EDERAL US ROUTE AV - AVENUE LA - LANE TATE ROUTE BL - BOULEVARD MP - MILEF	SQ - SQUARE POST ST - STREET	WITHIN INTER	CHANGE AREA N	JMBER of APPROACHES		
FROM REFERENCE UNIT OF MEASURE	UMBERED COUNTY ROUTE CT - COURT PK - PARK	TE - TERRACE NAY TL - TRAIL		ROADWAY			
2-FEET R	OUTE DR - DRIVE PL - PIKE HE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIV	(DED			
LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISIO	·	DIRECTION OF TRAVEL	MED	IAN TYPE		
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY/A	1 - NOT COLLISION 4 - REAR-TO BETWEEN 5 - BACKING		N - NORTH	1	D FLUSH MEDIAN		
10-14 3-IN MEDIAN 11-RAILWAY GRA 4-ON ROADSIDE 12-SHARED USE	ADE CROSSING LI TWO MOTOR VEHICLES IN 6-ANGLE		E-EAST	11 1	D FLUSH MEDIAN		
5 - ON GORE TRAILS	2 - REAR-END 8 - SIDESWI	PE, SAME DIRECTION PE, opposite direction	W-WEST	3 - DIVIDE	D, DEPRESSED MEDIAN		
7 - ON RAMP 14-TOLL BOOTH	3 - HEAD-ON 9 - OTHER/	UNKNOWN		(ANY T'			
8-OFF RAMP 99-OTHER/UNK			CONTOUR	CONDITIONS	SURFACE		
1 - LA	MADNIALO	HE 1ST WORK ZONE	1 1	1 1	SURFAGE		
T LAW ENFORCEMENT PRESENT / 3-W	OKK ON SHOULDER	WARNING AREA	1 - DRY	1 - CONCRETE			
	R MEDIAN 3 - TRANSITI ITERMITTENT OR MOVING WORK 4 - ACTIVITY			2 - WET	2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZONE 5 - OT	THER 5-TERMINA	TION AREA		3 - SNOW 4 - ICE	ASPHALT 3 - BRICK/BLOCK		
LIGHT CONDITION 1 - DAYLIGHT	WEATHER 1-CLEAR 6-SNOW		4 - SLAG, GRAVEL,				
1 2-DAWN/DUSK	0.1 2-CLOUDY 7-SEVERE CROSSWIN			STONE ' 5-DIRT			
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3-FOG, SMOG, SMOKE 8-BLOWING SAND, SO 4-RAIN 9-FREEZING RAIN OR	FREEZING DRIZZLE		9 - OTHER/UNKNOWN			
5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER / UNKNOW	N		9 - OTHER/UNKNOWN			
NARRATIVE			<u> </u>	1	Indicate the north		
UNIT ONE WAS TRAVELING E	ASTBOUND ON W.			A	an "N" on the compass diagram.		
MAIN ST. UNIT ONE WAS SEI	EN BY			 			
WITNESSES TRAVELING AT A	A HIGH RATE OF		1	1 1			
SPEED. THE WITNESSES SAV	V UNIT ONE GO		SouglerAve	i			
OFF THE ROAD WAY RIGHT	AND STRIKE A		9		W.MainSt		
STREET SIGN. UNIT ONE TH	EN CONTINUED -	W.MainSt			<u> </u>		
THOUGH THE INTERSECTION	ON, LEAVING THE	ACCOUNTY OF THE PARTY OF THE PA	7				
SCENE OF THE ACCIDENT. U	JNIT ONE WAS	stre	etsign				
CITED FOR LEAVING THE SO	CENE OF AN			1 12+			
ACCIDENT AND FAILURE TO	CONTROL.		RiverSt	- - '			
			æ		Not To Scale		
CRASH REPORTED DATE / TIME DI	SPATCH DATE / TIME ARRIVA		I	1 1 -			
 	<u> </u>			L	MOTORIST		
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*					
	OFFICER'S BADGE NUMBER*	CHECKED	BY OFFICER'S BADGE N	IUMBER*	SUPPLEMENT (CORRECTION ON ADDITION TO AN EXISTING REPORT SENT TO ODPS)		

LOCAL REPORT NUMBER

2 + 0 + 2 + 3 + - + 0 + 0 + 0 + 1 + 0 + 7 + 3 + 7 + ...

	OWNER NAME: LAST, FIRS EAN HOLDII	NGS -)		E: INCLUDE AREA CODE (□ SAME AS DRI Pr ORC 149.43 (A)(1)(1	ոդ)	DAMAGE) DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE				
14002	DDRESS: STREET, CITY, STATE E 21ST 1500 . ETAL CARRIER: NAME, ADDR	TULSA ,OK	74134	GOMMERCIAL C	ARRIER PHONE; INCLUDE AREA CODE	1 4	4 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN				
	LIGENSE PLATE # 1LX241		E IDENTIFICATION # $F_1G_7P_1L_51_14_1$	8 8 5 2 0		·	DAMAGED AREA(S) INDICATE ALL THAT APPLY 12 12 12				
INSURAL VERIFI	INSURANCE COMP		INSURANCE POLICY #	GRY	OR VEHICLE MODE		_2	10 11 12 1 2			
Сомме	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: con City Servic		9 10 2 3 4	3	9 9 3 3			
INTERI DEVICE EQUIPE		T 0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS 3 - >26K LBS.	MATERIA RELEASI		# 8 7 6 6	/4	2 7 6 5			
O 1 UNIT TYPE	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	13 - SNOWMOBILE 14 - Single Unit Truck 15 - Semi-tractor	18 - LIMO (LIVERY VEHIC 19 - BUS (16+ PASSENGE) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER ANIMAL-DRAWN VEH	24 - WHEELCHAIR (ANY TYP 25 - OTHER NON-MOTORIST 26 - Bigygle or 27 - Train	9 (11 10 9 B 7 C C				
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	? O NOWN AUTONOMOUS MODE LEVEL	1 - DRIVER ASSISTANCE 2 - Partial Automation	3 - CONDITIONAL AUTOM 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 11 12 1 1 10 10 10 10 10 10 10 10 10 10 10 10	3	10 11 12 1 1 2 2 9 0 0 3 3 3 3			
01 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS-OTHER	12 - MILITARY 13 - POLICE	16-FARM 17-MOWING 18-SNOW REMOVAL 19-TOWING 20-SAFETY SERVICE PA	21 - MAIL CARRIER 99 - OTHER / UNKNOWN FROL	7 6 6	12	12 12			
ULL	1 - NO CARGO BODY TYPE /NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	CHASSIS 6 - CARGO VAN/ENCLOSED BOX	8 - POLE 9 - CARGO TANK 10-FLAT BED 11-DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	9 12	9 8	3 9 3 3			
VEHICLE	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		9 - MOTOR TROUBLE 10-disabled from Pri Accident	99-OTHER/UNKNOWN Or	6	6	6 6			
لــــــــا	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION – OTHER 4 - MIDBLÖCK – MARKED CROSSWALK 5 - TRAVEL LANE – OTHER LOCATI	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING IS 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS TRAILS	AT INCIDENT SCENE	☐ - NO DAMA ☐ - TOP € 13]	□ - UNDERCARRIAGE [14] □ - ALL AREAS [15] NT SCENE [16]			
4 action	2-NON-COLLISION 3-STRIKING 0 1	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC	13 - NEGOTIATING A CUR' 14 - ENTERING OR CROSS SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	ING OR LEAVING VEHICLE	0 - NO DA 1 2 1-12 - RE	MAGE	T OF CONTACT 14 - UNDERCARRIAGE T 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN			
1 1 1 CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPERTURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / AC 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	DA PARKED POSITION 14 - STOPPED OR PARKED	17 - VISION OBSTRUCTIOI 18 - OPERATING DEFECTI EQUIPMENT 19 - LOAD SHIFTING/FALL SPILLING 20 - IMPROPER CROSSING	YE 22-NOT DISCERNIBLE 23-OPENING ODOR INTO ROADWAY 99-OTHER IMPROPER ACTI	# of THROUGH LANES	2_	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING			
	OF EVENTS		NON-COLLISION			ON ROAD 2	_1_	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
237	2 - FIRE/EXPLOSION		OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY	16-RAILWAY VEHICLE 17-ANIMAL — FARM 18-ANIMAL — DEER 19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEH - STRUCK 43-CURB	22 - WORK ZONE MAINTENA EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOT BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 50 - WORK ZONE MAINTENA	UNIT.	NON-MOTO	3 - INVOLVED-PASSIVE CROSSING DRIST DIRECTION 1 - NORTH			
6[25-IMPACT ATTENUATOR //CRASH CUSHION 26-SRIDGE OVERHEAD STRUCTURE 27-SRIDGE PIER OR ABUTMENT 28-BRIDGE PIER OR ABUTMENT 29-BRIDGE PAIL 30-GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULYERT	49 - CORB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 4B - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENA EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	UNIT SPEED POSTED SPEED	J L	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED			

OHO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER										
							2,0,2,3,-,0,0,1,0,7,3,7,									
										DATE OF BIRTH AGE GENDER						
										0 4 2 0 1 1 9 7 5 CONTACT PHONE - INCLUDE AREA CODE						
10	7 E	CHURC	HURCH ST ,GRAYSVILLE ,PA 15337							Redacted per ORC 149.43						
O INJI		INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDT	TAKEN TO:	: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-G	COMPLIAN EL MET		i	G USAGE	EJECTION	TRAPPED
	STATE		ICENSE NUMBER		OFFENS	SE CHAE	oern	LOCAL	0 4 OFFENSE DESC	CRIPTION CITATION NUMBER						
	. H .		ed per ORC 4501	1.1.12			INLD	CODE	Rules For Ma		1		260		MIDER	
	LASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRI	VER		OHOL / DRUG SUSPI	ECTED	CONDITION	ALCOHOL TEST				DRUG	TEST(S)	
	4 .	SELECT UPTO 2		BY	TRACTED		—	RIJUANA		STATUS		VALUE	STATUS	TYPE 1	RESULT	SELECT UP TO 4
	IT#	NAME: LAST, F	IDST MIDDLE			L 07	THER DRUG	* * ** * .)			1,	TE OF BIRTH			AGE	GENDER
		HAME: EASI,	TK31, MIDDEL							<u> </u>	, ,	i i i	1 1		AUL	I
Z ADE	RESS:	STREET, CITY, ST.	ATE, ZIP							CONTAC	T PHON	E - INCLUDE AREA	A GODE			
0 T O R															1_	
NON-MON	JRIES	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJUREDT	FAKEN TO:	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-O	COMPLIAN ELMET	SEATING POSIT	ION AIR BA	G USAGE	EJECTION	TRAPPEÖ
7	TATE		ICENSE NUMBER		OFFENS	SE CHAF	RGEN	LOCAL	OFFENSE DESC		C LIVIC I		CITA	TION NU	IMRER	<u></u>
350								CODE	orrense peoc	12011				1201111	MDER	
0L 0	LASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	HOL / DRUG SUSPI		CONDITION		COHO TYPE	TIEST VALUE	TSTATUS	DRUG TYPE	TEST(S)	SELECT UPTO 4
				BY		=	LCOHOL MAI THER DRUG	RIJUANA					<u>.</u> .			
UN	IT#	NAME: LAST,	FIRST, MIDDLE				THER SHOU	·	A. 4. 30 7	<u> </u>	DA	TE OF BIRTH			AGE	GENDER
ADI	RESS:	STREET, CITY, ST	ATE, ZIP					•		CONTACT PHONE - INCLUDE AREA CODE						
010			***************************************		T				T		SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
NON-MOTORIS	INJURED TAKEN TO: MEDICAL INJURED TAKEN TO:					: MEDICAL FACILITY	(NAME, Ç[TY)	SAFETY EQUIPMENT USED	Прот-о	COMPLIAN IELMET	11	TON AIR BA	G USAGE	EJECTION	TRAPPEO	
×	TATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAR	RGED	LOCAL	OFFENSE DESC	CRIPTION CITA			ATION NUMBER			
								CODE								
OL C	LASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED	_	DHOL / DRUG SUSPI		CONDITION	STATUS	TYPE	VALUE	STATUS		RESULT	SELECTUPIO 4
	1	1 11 1		BY			THER DRUG	TIJUANA	<u>.</u> ,			ai !	<u>, </u>	l i		11 11 1
20,410	INJU	RIES	SEATING POSITION	Carlotte of her a	IR BAG	(2705, 150)	OL CLAS	S. 	OL RESTRIC	a terrar grans	41.6 35.00	IVER DISTRA	CTION	7 (30) 53,4 22,	EST STA	TUS
1 - FAT. 2 - SUS		SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOY	1,000 (0.00)		1 - CLASS A 2 - CLASS B		2 - CDL INTRASTAT	RLOCK DEVICE 1 - NOT DISTRACTED Te only 2 - Manually operati			TING AN	1 - NONI 2 - Test	E GIVEN I refused	
3 - 2 - A		MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY		MT/CIDE	3 - CLASS C		3 - CORRECTIVE LE	EVICE (TEXTING,	TRONIC COMMUNICATION 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
	SIBLE IN Apparen	T INJURY	4 - SECOND - LEFT SIDE	5 - NOT APP	ED BOTH FRO Licable	M I 1 21DE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS		IALING) ALKING ON HANDS	FREE	1 Feb. 1975		ULTS KNOWN
INJ	URED	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKNO)WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A	C	OMMUNICATION D ALKING ON HAND-	EVICE		I GIVEN, RES Nown	ULTS
1 - NOT	TRÅNSP EATED AT	RTED	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	5.	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO	Contract to the second	C	OMMUNICATION D THER ACTIVITY W	EVICE	ALCO	DHOL TES	TYPE
2 - EMS			(MOTORCYCLE SIDE CAR) 8-THIRD - MIDDLE	1 - NOT EJE	CTED		H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS		É	LECTRONIC DEVIC		1 - NONI 2 - BLOC		
-3 - POL -9 - OTH	ICE er/unk	NOWN	9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED Ejected	DESTALCTIONS				EKMIT						
		UIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP			N - TANKER		10 - LIMITED TO DAYLIGHT ONLY INSIDE THE VEHICLE 4 - BREATH 11 - LIMITED TO EMPLOYMENT 8 - OTHER DISTRACTION OUTSIDE 5 - OTHER							
11 1 1 1 1 1 No	E USÉD		11 - PASSENGER IN OTHER Enclosed Cargo area	TI	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		Ţ	HE VEHICLE Ther/Unknown				TYDE
2-SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1-NOT TRAPP 3-Lap belt only used Pick-up with Cap) 2-extricate							S - SCHOOL BUS		13 - MECHANICAL D (Special Brak		9-0			DRUG TEST TYPE		
4 - SHOULDER & LAP BELT USED 12 - PASSE		12 - PASSENGER IN UNENCLOSED	MECHAN	IICAL MEANS		T - DOUBLE & TRIPLE X - TANKER / HAZMAT	TRAILERS	CONTROLS, OR C		CONDITION			2 - BL00	19. TV 10. TV		
FORWARD FACING 13-TRAILING UNIT NON			3 - FREED B Non-Me	Y Chanical Mi	EANS	14 AU (TANVACI)				CLES ONLY 2 - PHYSICAL IMPAIRMENT			3 - URINE 4 - Other			
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	R .			F-FEMALE		AIR BRAKES		A)	MOTIONAL (E.G., DE NGRY, DISTURBED)	PRESSED,		1 100 2001 14 50	SULT(S)	
7 - B00	STER SE	AT .	15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		16-OUTSIDE MIRRO 17-PROSTHETICAL	经现代的 实验。	100	LNESS ELL ASLEEP, FAIN	TEO.	1. 7 1.00	HETAMINES BITURATES	
	MET USI Teçtive	D Pads used	99 - OTHER / UNKNOWN						18-OTHER		F/	ATIGUED, ETC. Nder the influe		'3-8EN	ZODIAZEPIN	ES
(ELI	BOW, KNE	ES, ETC.) CLOTHING								Yalanda Yalanda	01	NDER THE INFLUE F MEDICATIONS / I ALCOHOL		4 - CAN 5 - COC/	NABINOIDS AINE	
11 - LIGI	HTING - F	EDESTRIAN										THER/UNKNOWN		6-0PIA	ATES/OPIOID) S
	CYCLE ON Er/Unk				V.									7-OTHI 8-NEG	ER ATIVE RESUI	LTS

OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER								
							[2,0,2,3,-,0,0,1,0,7,3,7,]							
	UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE G					
·. 2:														
Nic	ADDRESS:	STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE										
OCCUPAN														
0	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED							DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	لـــا	BŶ		L	MC HELMET	ٔ ــــــــــــــــا								
	ÜNIT#	NAME: LAS	T, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER						
									1 1 1	_ , _ , , , ,				
INV	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE				
OCCUPAN									1 1					
ä.	INJURIES	INJURED	EMS Agency (NAME)	· · · · · · · · · · · · · · · · · · ·	INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	nor o	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	. 1	BY					USED	DOT-COMPLIANT MC HELMET				, 1		
2	UNIT#	NAME: LAS	T, FIRST, MIDDLE		The first of the second process of	ne no la sec	, 	DAT	E OF BIRTH		AGE	GENDER		
:			, ,											
Z	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO					
OCCUPAN			•											
30	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facility	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY				T timine, or, i.	USED	DOT-COMPLIANT MC HELMET		7.1.1. 2.1.2 30,,12				
	LLLL	NAME: 100	T FIRST MIDDLE	A					E OF BIRTH	<u> </u>	ACE	CENCER		
	UNIT # NAME: LAST, FIRST, MIDDLE								E OF BIKIN		AGE	GENDER		
2	ADDDECC	ATREET OFFI	OTATE ZID		CONTACT PHONE - INCLUDE AREA CODE									
OCCUPAN	ADDRESS:	DRESS: STREET, CITY, STATE, ZIP							• INCLUDE AREA CO	DE				
9	THURTES	TALUIDED	Page A		MUSCOTAVOLTO M F.	/ APPTY FOUNDMENT			CCATINO DOCITION	TAYD BAO HOADE	FIFATION	7010000		
!	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	IRAPPED		
			IRIES	CAFETY	COULDMENT HEED		CEATING DOC			AYD DAG II				
	1 - FATA	연락된 건강이	RIES	1 - NONE US	' EQUIPMENT USED	SECOND LAND	SEATING POS T=LEFT SIDE	ITION		AIR BAG U	AUE	X5.768.1		
			RIOUS INJURY		OCCUPANT		ORCYCLE DRIV	ER)	1 - NOT DEPLOYED 2 - DEPLOYED FRONT					
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 2 - SHOULDI				ER BELT ONLY USED 2 - FRONT - MIDDLE					EPLOYED SIDE				
		SIBLE INJU		3 - LAP BEL1	ONLY USED	"静心"。 此后是1944年。	T – RIGHT SIDE ND – LEFT SIDI		A - DEPLOYED BOTH					
		PPARENT I		4 - SHOULDE	R & LAP BELT USED	생기 가지 사용을 가면	ORCYCLE PASS		FRONT					
		TALLUDED.	TAKEN DV		O THIRD MIDDLE				5 - NOT AP					
	1 NOT	TRANSPOR	TAKEN BY)E	9 - DEPLOYMENT UNKNOWN					
		EATED AT S		REAR FA				CAR)	EJECTION					
	2 - EMS			7 - BOOSTER				N. N. 11 ST.	1 - NOT EJECTED					
	3 - POLI	(CE		8 - HELMET	USED		PER SECTION (2 - PARTIALLY EJECTED					
	9 - OTHI	ER/UNKNO	WN		IVE PADS USED	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALLY EJECTED					
		GEN	IDER		KNEES, ETC:) IVE CLOTHING		O AREA (NON-TR		4 - NOT AF					
	F-FEMA	沉重 经总统证据			G – PEDESTRIAN	12 - PASS	ENGER IN UNE	보기를 하는 이 사는 이 경험이다면 이다.	Annual contract					
	M - MALI		A/AL	/ BICYCLI			O AREA		1 - NOTTRAPPED					
	U-UIRE	- OTHER / UNKNOWN 13 - TRAILING UNIT 99 - OTHER / UNKNOWN 14 - RIDING ON VEHIC						EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS					
							TRAILING UNIT)			BY NON-ME	CHANIC			
						나 돌아는 사람들이	MOTORIST R/UNKNOWN		MEANS		CHANIC	1 L		
	NAME.LAS	ST, FIRST, MIDD	I c			1 33 OTHE	N / ONKNOWN	l nat	E OF BIRTH		AGE	GENDER		
SS			COLAS, JOSEI	PH				1 .		0.0.	nui	GENDER		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
3	159 N CHESTNUT ST ,Kent, ,OH 44240 NAME: LAST, FIRST, MIDDLE							Redacted per QRC 149.43						
								DATE OF BIRTH AGE GENDER						
SS	I ANAM IOHN IAMES							1 1 1 5 1 9 6 7						
SSENLIM	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
-20														
j	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
WITNESS														
Ħ	ADDRESS:	: STREET, CITY,	STATE, ZIP		110000000000000000000000000000000000000			CONTACT PHONE - INCLUDE AREA CODE						