OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*							
PHOTOS TAKEN OH-2 OH-3	2,0,2,1,-,0,0,0,2,0,4,7,4,,,							
SECONDARY CRASH OH-1P OTHER	REPORTING AGENCY NAME*	NCIC* HIT/SKIP NUMBER OF UNITS						
PRIVATE PROPERTY		1-SOLVED 0.2			98 - ANIMAL 99 - UNKNOWN			
2-VILLAGE Kent	Y, VILLAGE, TOWNSHIP*		CRASH DATE / TI	IME* CRA	ISH SEVERITY - FATAL			
8 ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DEC		- SERIOUS INJURY SUSPECTED			
S - SOUTH E - EAST	GOUGLER	A W7		3	- MINOR INJURY			
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DEC	SUSPECTED - INJURY POSSIBLE				
ROUTE TYPE ROUTE NUMBER PREFIX N-NORTH S-SOUTH E-EAST W-WEST	PARK	\mathbf{A} \mathbf{V}	5- PROPERTY					
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE ROAD TYPE	<u> </u>		NTERSECTION RELATE	ONLY			
1-INTERSECTION N-NORTH IR	- INTERSTATE ROUTE(TP) AL - ALLEY HW-HIGHWAY - FFDERALUS ROUTE AV - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	E	SECTION OR ON APPROA	СН			
3-HOUSE # E-EAST	- FEDERAL US ROUTE AV - AVENUE LA - LANE - STATE ROUTE BL - BOULEVARD MP - MILEPOST	ST - STREET	within inter	CHANGE AREA NUM	BER OF APPROACHES			
DISTANCE DISTANCE CR	- NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL CT - COURT PK - PARKWAY	TE - TERRACE TL - TRAIL		ROADWAY	AY			
2-FEET	- NUMBERED TOWNSHIP DR - DRIVE PI - PIKE ROUTE	WA - WAY	ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVEN	HE - HEIGHTS PL - PLACE MANNER OF CRASH COLLISION/IMP	ACT						
1 - ON ROADWAY 9 - CROSSOVEI	1 - NOT COLLISION 4 - REAR-TO-REAR		DIRECTION OF TRAVEL N - NORTH	MEDIAI 1 - DIVIDED F	NTYPE LUSH MEDIAN			
	PALLEY ACCESS GRADE CROSSING 6 BETWEEN TWO MOTOR TWO MOTOR VEHICLES IN 6 - ANGLE		S - SOUTH E - EAST	(<4 FEET				
4 - ON ROADSIDE 12 - SHARED U 5 - ON GORE TRAILS	SE PATHS OR TRANSPORT 7 - SIDESWIPE, SA 2 - REAR-END 8 - SIDESWIPE, (IP		W-WEST	(≥4 FEET				
6-OUTSIDE TRAFFIC WAY 13-BIKE LAND 7-ON RAMP 14-TOLL BOOT	3 - HEAD-ON 9 - OTHER / UNKN				RAISED MEDIAN			
8-OFF RAMP 99-OTHER/U				9 - OTHER/UN				
WORK ZONE RELATED	WORK ZONE TYPE LOCATION OF CRASH IN V	ORK ZONE	CONTOUR	CONDITIONS	SURFACE			
WORKERS SPESSIVE	LANE CLOSURE 1 - BEFORE THE 1S' LANE SHIFT/CROSSOVER WARNING SIGN	WORK ZONE	2	_1_	_2_			
LAW ENFORCEMENT PRESENT 3-	WORK ON SHOULDER 2 - ADVANCE WARN OR MEDIAN 3 - TRANSITION ARE		1 - STRAIGHT LEVEL		1 - CONCRETE			
	INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA	ACTIVITY AREA			2 - BLACKTOP, BITUMINOUS,			
	OTHER 5 - TERMINATION A	KLA		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, STONE			
3 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0.2 2-CLOUDY 7-SEVERE CROSSWINDS				5 - DIRT			
4 - DARK – ROADWAY NOT LIGHTED		NG RAIN OR FREEZING DRIZZLE 7 - SLUSH			9 - OTHER/UNKNOWN			
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN				
NARRATIVE				1	Indicate the north			
UNIT 1 WAS TRAVELING N	ORTHBOUND ON				direction with an "N" on the			
GOUGLER AVE WHEN IT					compass diagram.			
THE RIGHT HAND LANE								
OVER TO THE LEFT HAN		PAR	K AVE.					
TRAVELING NORTHBOUN				£ -	GOU			
LANE ON GOUGLER AVE.	UNIT 1 ATTEMPTED			* -	GOUGLER AVE			
TO MERGE LANES AND S	TRUCK UNIT 2 AS IT	<u>A</u>			M N N N N N N N N N N N N N N N N N N N			
WAS PASSING THEM. UNI	T 1 WAS AT FAULT	N N			1			
FOR A MARKED LANES V	OILATION.	Not To Scale						
					1			
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME ARRIVAL DATE / TIM	E	SCENE CLEARED DA	ATE/TIME DO	EPORT TAKEN BY			
	11.2.0.2.1./.1.7.4.3.1.2.1.1.2.0.2.1./.				POLICE AGENCY			
TOTAL TIME OTHER TOTA	L OFFICER'S NAME*	HECKED BY OFFI		1/11/8/2/4	MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT	Camp, Jaeger	Nelson, Josh Supplement (CORRECTION OR ADD						
0 3 5 0 3 0 0 7	OFFICER'S BADGE NUMBER*	2 3	Y OFFICER'S BADGE NU	JMBER*	TC AM EXISTING REPORT SENT TO COPS)			



2,0,2,1,-,0,0,0,2,0,4,7,4, MAINED PHONE: INCLUDE AREA CODE (TXT SAME AS DRIVER OWNER NAME: LAST, FIRST, MIDDLE (XISAME AS DRIVER) DAMAGE HARPLEY, SEAN, MICHAEL DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 11940 SHOSHONE AVE NW ,UNIONTOWN ,OH 44685 _J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: THE LUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE HXY1278 3 | F | A | 6 | P | 0 | G | 7 | 7 | D | R | 2 | 4 | 1 | 1 | 0 | 6 | 2 | 0 | 1 | 3 | Ford **INSURANCE COMPANY** INSURANCE POLICY # COLOR VEHICLE MODEL INSURANCE VERIFIED **STATEFARM** 868-9518-A31-35A **FUSION** MAR TYPE OF USE IIS DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED CLASS # PLACARD ID # INTERLOCK 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS PLACARD 0 4 1 1 3 - >26K LBS \square 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 12-GOLF CART 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEEL 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 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 4 - HIGH AUTOMATION 0 I 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 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 1B-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 3 - VEHICLETOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODY TYPE B - POLE 12 - CONCRETE MIXER / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER CARGO 2 . BUS 4 . LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL 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 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS DEFECTIVE ACCIDENT 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 AT INCIDENT SCENE 4 - MIDBLOCK - MARKED ☐-TOP [13] 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS ☐-ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [16] AT IMPACT 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-COLLISION B - ENTERING TRAFFIC LANE 2 - BACKING 14 - ENTERING OR CROSSING _ 3 0 - NO DAMAGE 14 - UNDERCARRIAGE 0 ; 3 ; 3 - CHANGING LANES SPECIFIED LOCATION 19-STANDING ___ 3 - STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 20 - OTHER NON-MOTORIST ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10-PARKED 15 - WALKING, RUNNING. $1_{\perp}1_{\perp}$ DIAGRAM JOGGING, PLAYING 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN 21-STANDING OUTSIDE 99 - HNKNOWN 11 - SLOWING OR STOPPED 13 - TOP 16. WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9 - 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 18-OPERATING DEFECTIVE 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 BOOR INTO 0 2 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19 - LOAD SHIFTING/FALLING/ 1 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY CONTRIBUTING 5 - UNSAFE SPEED 3 - FLASHER 6 - NO CONTROL 15 - SWERVING TO AVOID SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # of THROUGH LANES 6-IMPROPERTURN RAIL GRADE CROSSING 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 NON-COLLISION 3 - INVOLVED-PASSIVE CROSSING 1 2 0 1 - OVERTURN/ROLLOVER
2 - FIRE/EXP_OSION 11 - CROSS CENTERLINE -6 - EQUIPMENT FAILURE 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM EQUIPMENT TRAVEL **UNIT / NON-MOTORIST DIRECTION** 23 - STRUCK BY FALLING. 18-ANIMAL - DEER 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 5 - NORTHEAST 1 - NORTH 19 - ANIMAL - OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 2 TO 1 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24 - OTHER MOVABLE CBJECT 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 43 - CURR 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH EQUIPMENT UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE 34 - MEDIAN GUARDRAIL SUPPORT 52-BUILDING 46-FENCE L0 10 15 1 27 - BRIDGE PIER OR ABUTMENT ☐ 2 - CALCULATED / EDR BARRIER 40 - UTILITY POLE 53-TUNNEL 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT AR.TREE 3 - UNDETERMINED POSTED SPEED 29 - BRIDGE RAIL BARRIER OR SUPPORT 99-OTHER/UNKNOWN 49-FIRE HYDRANT 36 - MEDIAN OTHER BARRIER 30-GUARDRAIL FACE 42 - CULVERT 2,5 MOST HARMFUL EVENT ☐ FIRST HARMFUL EVENT

LOCAL REPORT NUMBER



LOCAL REPORT NUMBER 2,0,2,1,-,0,0,0,2,0,4,7,4 UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE . THE ABEL PARE . TOTAL DAMAGE 0 | 2 | COTTON PATTERSON, PAMELA, L DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 4175 AMERICANA DR, Cuyahoga Falls, OH 44224 _ 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 LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE K₁ L₁ 8₁ C₁ D₁ 6₁ S₁ 9₁ 8₁ D₁ C₁ 5₁ 0₁ 4₁ 8₁ 1₁ 2₁ O H L752448 2 | 0 | 1 | 3 Chevrolet INSURANCE COMPANY INSURANCE POLICY # INSURANCE VERIFIED COLOR VEHICLE MODEL **GEICO** 6019215026 BLU SPARK TYPE OF USE US DOT # TOWED BY: COMPANY NAME IN EMERGENCY COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL **VEHICLE WEIGHT GVWR/GCWR** #DCCUPANTS MATERIAL RELEASED INTERLOCK CLASS # PLACARD ID # 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. DEVICE HIT/SKIP UNIT 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) B - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (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 BICYCLE 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OF 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 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION 1 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16 - FARM 21 - MAIL CARRIER 0 1 2 - 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EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RATEWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 7 - SEPARATION OF UNITS 17 - ANIMAL -- FARM TRAVEL 23 - STRUCK BY FALLING. **UNIT / NON-MOTORIST DIRECTION** 18-ANIMAL - DEER 3 - IMMERSION B - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 1 4 - JACKKNIEF 9 - RAN OFF ROAD LEFT 19-ANIMAL - OTHER 13-OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT BY A MOTOR VEHICLE 10 - CROSS MEDIAN 14 - PEDESTRIAN TRANSPORT FROM 2 TO 1 LOSS OR SHIFT 3 - FAST 7 - SOUTHEAST 24 - OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32-PORTABLE BARRIER EQUIPMENT 38 - OVERHEAD SIGN POST 44 - DITCH **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CARLE BARRIER 39-LIGHT/LUMINARIES 45-EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52 - BUILDING 34 - MEDIAN GUARDRAIL 46-FENCE 27 - BRIDGE PIER OR ABUTMENT 0 2 5 BARRIER 40-UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48 - TREE 3 - UNDETERMINED 29 - BRIDGE RAIL BARRIER OR SUPPORT POSTED SPEED 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT . 2 , 5 MOST HARMFUL EVENT ☐ FIRST HARMFUL EVENT

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER								
						2,0,2,1,-,0,0,0,2,0,4,7,4								
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
0.1	HARPLEY, SEAN, MICHAEL							1 2 / 1 4 / 1 9 9 8 2 2 M						
	SHOSH	one ave nw ,u	JNION	VOT	/N ,(OH 44685			CONTACT	PHONE - INCLUDE AREA	CODE			
2	S INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED TAKEN							DOT-COMPLIANT						
								0,4	☐ MC HE		_ 1	1 1 1		
OL STATE				RGED	LOCAL	OFFENSE DESC			CITATION NUMBER					
O H		Y		331.0			X	Driving i			23907			
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		TRACTED	_	OHOL / DRUG SUSPI		CONDITION	STATUS 1	COHOL TEST TYPE VALUE		RUG TEST(S YPE RESULT	T SELECT UPTO 4	
4			, "	1		THER DRUG	NW UNITA	1	1	1	, 1	1		
UNIT #	NAME: LAST, F	TRST, MIDDLE								DATE OF BIRTH	ے اِلے	AGE	GENDER	
0,2	COTTO	ON PATTERSON	I, PAN	IELA	, L				0.6	/ 1, 0, / ·1	9 6 1	60	F	
ADDRESS:	STREET, CITY, STA	ATE, ZIP								PHONE - INCLUDE AREA		<u> </u>		
ADDRESS:	MERIC	CANA DR ,Cuyal	noga F	alls ,C)H 4	4224								
INJURIES 2	TAKEN	EMS AGENCY (NAME)		INJUREDI	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-C	SEATING POSITIO	ON AIR BAG USAGE EJECTION TRAPPED			
	BY		_					0,4		LMET 0 1	1 1 1			
OL STATE	OPERATOR LI	ICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATIO	N NUMBER		
				<u>L</u> _										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION		COHOL TEST TYPE VALUE		RUG TEST(S YPE RESULT	T SELECT UPTO 4	
. ,			BY	1	=	THER DRUG	ANAUUS	1	1	1	. 1	1		
UNIT #							DATE OF BIRTH AGE GEND							
									L L L L L L L L L L L L L L L L L L L					
ADDRESS:	STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
TOR														
ADDRESS:	INJURED E	EMS AGENCY (NAME)		INJUREDI	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT-C	SEATING POSITIO	N AIR BAG US	IGE EJECTION	TRAPPED	
ON /	BY L					USED			MC HE					
OL STATE	OPERATOR LI	CENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE			OFFENSE DESC	RIPTION		CITATIO	NUMBER			
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	1 11 1		BY		=	THER DRUG	ANAUG							
INJU	RIES	SEATING POSITION	Д	IR BAG		OL CLASS	5	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA		
1 - FATAL 2 - SUSPECTED	CEDIOUS IN HIDY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1-CLASS A		1 - ALCOHOL INTER		1 - NOT DISTRACTED		NONE GIVEN	12.5	
3 - SUSPECTED		2 - FRONT - MIDDLE	3 - DEPLOY	'ED FRONT 2 - CLASS B 'ED SIDE 3 - CLASS C			2 - COL INTRASTAT		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION		2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED			
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FRONT/SIDE 4 - REGULAR CLASS			4 - FARM WAIVER		DEVICE (TEXTING, TYPING, DIALING)		SAMPLE / UNU SABLE			
5 - NO APPAREN	TINJURY	(MOTORCYCLE PASSENGER)	5 - NOT APP	E MAT MODED ONLY			5 - EXCEPT CLASS /		3 -TALKING ON HANDS-FI COMMUNICATION DEV	(EE	4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS			
INJURED	NAME OF TAXABLE PARTY.	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	7-0212011	DIETTI DIEKNO		6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-HE	LD	UNKNOWN		
1 - NOT TRANSPO /TREATED AT		7-THIRD-LEFT SIDE	EJ	IECTION		OL ENDORSEM	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		COMMUNICATION DEV 5 - OTHER ACTIVITY WITH	I AN A	LCOHOL TES	ST TYPE	
2 - EMS 3 - POLICE	2 THIRD MIDDLE		1 - NOT EJE				RESTRICTIONS		ELECTRONIC DEVICE		1 - NONE 2 - BLOOD			
Carlo Sales Carlos Carlos Carlos	9-OTHER/UNKNOWN 9-THIRD-RIGHT SIDE 3-TOTALLY		LLY EJECTED M - MOTORCYCLE ' EJECTED P - PASSENGER			9 - LEARNER'S PERMIT RESTRICTIONS		6 - PASSENGER 7 - OTHER DISTRACTION		3 - URINE				
SAFETY E	DIIIDMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	LICABLE		N-TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICLE 8 - OTHER DISTRACTION (BREATH		
1 - NONE USED	TOTA INCINI	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED		Q - MOTOR SCOOTER R-THREE WHEEL MO	TARCYCLE	11 - LIMITED TO EMP 12 - LIMITED - OTHE		THE VEHICLE		OTHER		
The Control of the Control	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTRAPP		PPED S - SCHOOL BUS			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		9 - OTHER / UNKNOWN		DRUG TEST TYPE				
STATE OF STA	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED			2 - EXTRICATED BY MECHANICAL MEANS T - DOUBLE & TRIPLE TRAILERS Y TANKER (MATMAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION 1 - APPARENTLY NORMAL		2 - BL00D			
	5 - CHILD RESTRAINT SYSTEM - CARGO AREA FORWARD FACING 13 - TRAILING UNIT		3 - FREED BY NON-MECHANICAL MEANS			14 - MILITARY V			MILITARY VEHICLES ONLY 2-P		ATTEMPT STATE	3 - URINE 4 - OTHER		
6-CHILD RESTR	6-CHILD RESTRAINT SYSTEM - 14-RIDING ON VEHICLE EXTERIOR			GENDER			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		UNLY 2 - PHY SICAL IMPAIRMENT THOUT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)					
E-Distance Committee	REAR FACING (NON-TRAILING UNIT)			F - FEMALE M - MALE			16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES			
Emphasia Catalogue	8 - HELMET USED 99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN			17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES			
9 - PROTECTIVE (ELBOW, KNE								18-OTHER		6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES 4 - CANNABINOIDS		
10 - REFLECTIVE	CLOTHING									OF MEDICATIONS / DRU /ALCOHOL	62	COCAINE		
11 - LIGHTING - F / BICYCLE ON										9-OTHER/UNKNOWN		OPIATES/OPIOID OTHER	IS	
99 - OTHER / UNK	OTHER/UNKNOWN											NEGATIVE RESUL	LTS	

OHIO DE	OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER							
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UNIT#								DATE OF BIRTH AGE GENDER					
01	HARPLEY, ADAM, ROBERT							0 7 / 0 2 / 1 9 9 4 2 7 M					
ADDRESS: STREET, CITY, STATE, ZIP 4536 HAMMOCKS DR, ERIE, PA 16506							CONTACT PHONE	- INCLUDE AREA CO	DE				
0		3828 6 78	RIE ,PA 16										
, 5	TAKEN BY INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED								AIR BAG USAGE	EJECTION	TRAPPED		
						0.4	MC HELMET	0 6					
UNIT #		t, first, middle PLEY, TAWNS	TEES					E OF BIRTH		AGE	GENDER		
_	STREET, CITY,		LEE, S.				0 6 / 2	9, /, 2 (4	F_		
<u>a</u>		· · · · · · · · · · · · · · · · · · ·	W.HNION	NTOWN ,OH 4468	85		CONTACT PROME	* INCCUDE AREA CO	N.				
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INJURED TAKEN TO: MEDICAL FACI		SAFETY EQUIPMENT	<u> </u>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
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a.		STATE, ZIP C, Akron, OH 4	1/301				CONTACT PHONE	- INCLUDE AREA CO	ĐE				
INJURIES	INJURED	EMS AGENCY (NAME)	14301	INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME CITY)	SAFETY EQUIPMENT		CEATING BACITION	AIR BAG USAGE	IFCTION	TDARRED		
. 5	TAKEN BY	and rivers thanks		INVOICED PARCE TO: MEDICAL TACK	LITT CHAME, CITY	USED 0 4	DOT-COMPLIANT MC HELMET	0 3	1 1	1	, 1 ,		
	INJU	RIES	SAFET	Y EQUIPMENT USED		SEATING POS			AIR BAG US	AGE			
1 - FATA	AL		1 - NONE US			T – LEFT SIDE		1 - NOT DE	PLOYED				
2 - SUSI	PECTED SE	RIOUS INJURY		OCCUPANT ER BELT ONLY USED		ORCYCLE DRIV T – MIDDLE	VER) 2 - DEPLOYED FRONT						
		NOR INJURY		T ONLY USED	E 3 - DEPLOYED SIDE								
	SIBLE INJU			ER & LAP BELT USED		ND – LEFT SIDE ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE					
J- 140 A	3 - NU APPAKENT INJUKY			ESTRAINT SYSTEM - 5 - SECOND - MIDDLE			5 - NOT APPLICABLE						
1 NOT		TAKEN BY		D FACING	DE 9 - DEPLOYMENT UNKNOWN								
	TRANSPOR EATED AT S		REAR FA	ESTRAINT SYSTEM – CING		D – LEFT SIDE ORCYCLE SIDE	CAR)	EJECTION					
2 - EMS	2 - EMS 7 - B00			SEAT		D – MIDDLE D – RIGHT SIDE		1 - NOT EJECTED					
	3 - POLICE 8 - HELMET US					PER SECTION O		2 - PARTIA	LLY EJECTED				
9 - OTH	\$100 at 100 for the first transport to the state of the s			TIVE PADS USED KNEES, ETC.)	ER ENCLOSED		Y EJECTED						
C CCV	CANCEL PROPERTY.	DER		IVE CLOTHING	BUS, P	ICK-UP WITH CAP							
SACTO SPECIAL	F - FEMALE 11 - LIGHTING - PEDESTRIAN 12 - PASSENGER IN U M - MALE CARGO AREA						NCLOSED	1 110000	TRAPPED	VC5/51/11/09	No. 142 re		
Marie Transfer	ER / UNKNO	WN	/BICYCL 99 - OTHER/		13 - TRAII	ING UNIT	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANI				'ΔΙ		
			,, other			IG ON VEHICLE TRAILING UNIT)	EXTERIOR	MEANS					
					15 - NON-I	MOTORIST		3 - FREED MEANS	BY NON-MEC	HANICA	AL.		
NAME	ST, FIRST, MIDD	r			99 - OTHE	R / UNKNOWN							
	i, εικα i, ΜΙΟυ						DATI	E OF BIRTH		AGE	GENDER		
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	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER						
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						DATE OF BIRTH AGE GENDER							
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