



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

16159164

CRASH SEVERITY

3 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN
☒ OH-2 ☐ OH-1P
☐ OH-3 ☐ OTHER☐ PDO UNDER
STATE
REPORTABLE
DOLLAR AMOUNT☐ PRIVATE
PROPERTY

REPORTING AGENCY NCIC *

06703

REPORTING AGENCY NAME *

KENT POLICE

NUMBER OF
UNITS

01

UNIT IN ERROR

98 - ANIMAL
99 - UNKNOWN

COUNTY *

67

CITY *

KENT

CITY, VILLAGE, TOWNSHIP *

KENT

CRASH DATE *

07.17.2016

TIME OF CRASH

0550

DAY OF WEEK

SUN

DEGREES / MINUTES / SECONDS

LATITUDE 0 0 0

LONGITUDE

0 0 0

DECIMAL DEGREES

LATITUDE 41.1163752

LONGITUDE

-81.375225

ROADWAY DIVISION

☐ DIVIDED
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

☐ N - NORTHBOUND ☐ E - EASTBOUND
☐ S - SOUTHBOUND ☐ W - WESTBOUND

NUMBER OF THRU LANES

02

ROAD TYPES OR MILEPOST²AL - ALLEY CR - CIRCLE
AV - AVENUE CT - COURT
BL - BOULEVARD DR - DRIVE
LA - LAKE PI - PIKE
PL - PLACE RD - ROAD
SQ - SQUARE TL - TRAILLOCATION
ROUTE
TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX

N, S, E, W

LOCATION ROAD NAME

WATER

LOCATION
ROAD
TYPE 2

ST

ROUTE TYPES¹IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

☐ MILES
☐ FEET
☐ YARDS

DIR FROM REF

☐ N, S, E, W

REFERENCE

ROUTE
TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX

N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

FAIRCHILD

REFERENCE

ROAD
TYPE 2

REFERENCE POINT USED

☐ 1 - INTERSECTION
☐ 2 - MILE POST
☐ 3 - HOUSE NUMBER

CRASH LOCATION

03

01 - NOT AN INTERSECTION

02 - FOUR-WAY INTERSECTION

03 - T-INTERSECTION

04 - Y-INTERSECTION

05 - TRAFFIC CIRCLE/ROUNDBOAT

06 - FIVE-POINT, OR MORE

07 - ON RAMP

08 - OFF RAMP

09 - CROSSOVER

10 - DRIVEWAY/ALLEY ACCESS

11 - RAILWAY GRADE CROSSING

12 - SHARED-USE PATHS OR TRAILS

99 - UNKNOWN

INTERSECTION

RELATED

LOCATION OF FIRST HARMFUL EVENT

☐ 1 - ON ROADWAY☐ 2 - ON SHOULDER☐ 3 - IN MEDIAN☐ 4 - ON ROADSIDE☐ 5 - ON GORE☐ 6 - OUTSIDE TRAFFICWAY☐ 9 - UNKNOWN

ROAD CONTOUR

☐ 1 - STRAIGHT LEVEL
☐ 2 - STRAIGHT GRADE
☐ 3 - CURVE LEVEL

4 - CURVE GRADE

9 - UNKNOWN

ROAD CONDITIONS

PRIMARY ☐ SECONDARY ☐

01 - DRY

02 - WET

03 - SNOW

04 - ICE

05 - SAND, MUD, DIRT, OIL, GRAVEL

06 - WATER (STANDING, MOVING)

07 - SLUSH

08 - DEBRIS*

09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*

10 - OTHER

99 - UNKNOWN

* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

☐ 1 - NOT COLLISION BETWEEN
TWO MOTOR VEHICLES
IN TRANSPORT

2 - REAR-END

3 - HEAD-ON

4 - REAR-TO-REAR

5 - BACKING

6 - ANGLE

7 - SIDESWIPE, SAME DIRECTION

8 - SIDESWIPE, OPPOSITE

DIRECTION

9 - UNKNOWN

WEATHER

☐ 1 - CLEAR☐ 2 - CLOUDY☐ 3 - FOG, SMOG, SMOKE

4 - RAIN

5 - SLEET, HAIL

6 - SNOW

7 - GLARE*

8 - OTHER/UNKNOWN

9 - SEVERE CROSSWINDS

10 - BLOWING SAND, SOIL, DIRT, SNOW

9 - OTHER/UNKNOWN

ROAD SURFACE

☐ 1 - CONCRETE
☐ 2 - BLACKTOP, BITUMINOUS,
ASPHALT
☐ 3 - BRICK/BLOCK4 - SLAG, GRAVEL,
STONE

5 - DIRT

6 - OTHER

LIGHT CONDITIONS

PRIMARY ☐ SECONDARY ☐

1 - DAYLIGHT

2 - DAWN

3 - DUSK

4 - DARK - LIGHTED ROADWAY

5 - DARK - ROADWAY NOT LIGHTED

6 - DARK - UNKNOWN ROADWAY LIGHTING

7 - GLARE*

8 - OTHER

9 - UNKNOWN

* SECONDARY CONDITION ONLY

SCHOOL BUS RELATED

☐ SCHOOL
ZONE
RELATED

SCHOOL BUS RELATED

☐ YES, SCHOOL BUS
DIRECTLY INVOLVED☐ YES, SCHOOL BUS
INDIRECTLY INVOLVED

WORK

ZONE
RELATED

WORKERS PRESENT

☐ LAW ENFORCEMENT PRESENT
(OFFICER/VEHICLE)☐ LAW ENFORCEMENT PRESENT
(VEHICLE ONLY)

TYPE OF WORK ZONE

☐ 1 - LANE CLOSURE☐ 2 - LANE SHIFT/CROSSOVER☐ 3 - WORK ON SHOULDER OR MEDIAN

4 - INTERMITTENT OR MOVING WORK

5 - OTHER

LOCATION OF CRASH IN WORK ZONE

☐ 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN☐ 2 - ADVANCE WARNING AREA☐ 3 - TRANSITION AREA

4 - ACTIVITY AREA

5 - TERMINATION AREA

NARRATIVE

UNIT 1 WAS TRAVELING N/B ON N. WATER ST. IN RESPONSE TO A SUICIDAL SUBJECT THREATENING TO JUMP IN FRONT OF A TRAIN. UPON UNIT 1'S ARRIVAL IN THE AREA, UNIT 1 BEGAN LOOKING FOR THE SUBJECT AND WAS BEING FLAGGED DOWN BY SOMEONE WHO WAS ON THE FAIRCHILD BRIDGE. WHILE UNIT 1 WAS LOOKING AT THAT PERSON, UNIT 1 HIT THE UTILITY POLE, CAUSING DISABLING DAMAGE.

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

See attached OH-2.

REPORT TAKEN BY

☒ POLICE AGENCY☐ MOTORIST☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED

07.17.2016

TIME CRASH REPORTED

0550

DISPATCH TIME

0550

ARRIVAL TIME

0550

TIME CLEARED

0629

OTHER INVESTIGATION TIME

30

TOTAL MINUTES

69

OFFICER'S NAME *

SGT. GAYDOSHI #213

OFFICER'S BADGE NUMBER

213

CHECKED BY

SGT. Gaydoshi #213

PAGE 1 OF 4

1615964

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) CITY OF KENT	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (330) 676-7500	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			Carrier Phone- include area code	
LP State OH	License Plate Number 1FMS48ARXIGIA0810812	Vehicle Identification Number 1FMS48ARXIGIA0810812	# Occupants 1011	
Vehicle Year 2015	Vehicle Make FORD	Vehicle Model EXPLORER	Vehicle Color BLK	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By BAKERS	
Carrier Name, Address, City, State, Zip				
US DOT	Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 011 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass - 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway	
HM Placard ID No. 1	<input type="checkbox"/> Hazardous Material Released	Unit Type 016 99 - Unknown or Hit / Skip	<input type="checkbox"/> Hit / Skip Unit	
HM Class Number 1				
Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use 3 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle
Special Function 13 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other		09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	Most Damaged Area 09 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Pre-Crash Actions 06 Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown		07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
Contributing Circumstances Primary 01 Secondary 01 99 - Unknown		Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
Sequence of Events 1 40 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown		Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision		
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport		Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 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 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object		
Unit Speed 15	Posted Speed 25	Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone	Unit Direction From 1 To 4 1 - North 2 - South 3 - East 4 - West	9 - Unknown 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest



MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

116115964

MOTORIST/Non-Motorist

MOTORIST/Non-Motorist

OCCUPANT

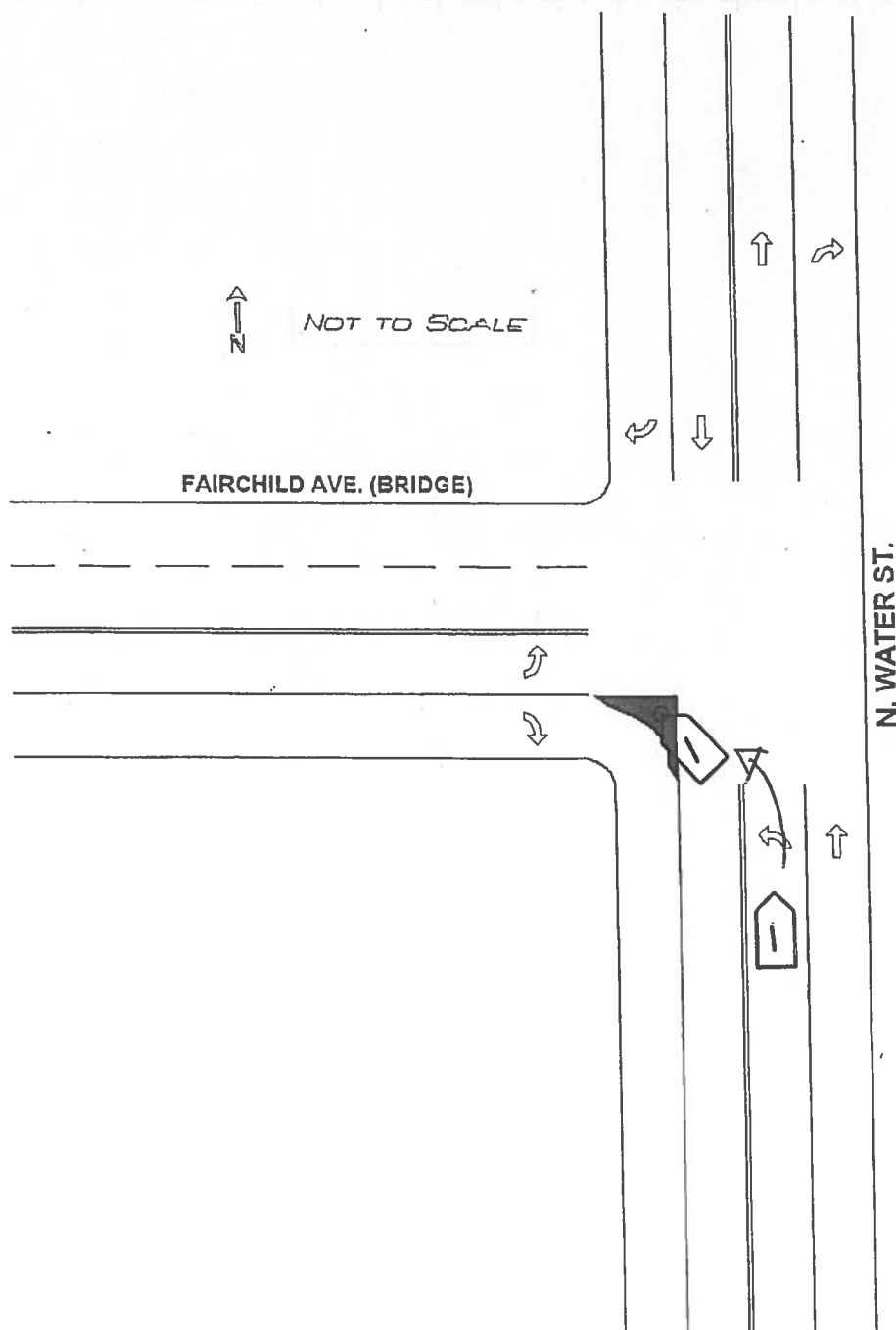
OCCUPANT

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE WATKINS, NICOLE J.	DATE OF BIRTH [REDACTED]	AGE 29	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 319 S. WATER ST., KENT, OH. 44240		CONTACT PHONE- INCLUDE AREA CODE (330) 693-7732									
INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]	OL CLASS A	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY 7			
UNIT NUMBER [REDACTED]	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]	AGE [REDACTED]	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP [REDACTED]		CONTACT PHONE- INCLUDE AREA CODE [REDACTED]									
INJURIES [REDACTED]	INJURED TAKEN BY [REDACTED]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [REDACTED]	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]		
OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]	OL CLASS [REDACTED]	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION [REDACTED]	ALCOHOL/DRUG SUSPECTED [REDACTED]	ALCOHOL TEST STATUS [REDACTED]	ALCOHOL TEST TYPE [REDACTED]	ALCOHOL TEST VALUE [REDACTED]	DRUG TEST STATUS [REDACTED]	DRUG TEST TYPE [REDACTED]
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY [REDACTED]			
INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT		Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)		12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER			
SEATING POSITION 01 - FRONT - LEFT SIDE (Motorcycle Driver) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (Motorcycle Passenger) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE		07 - THIRD - LEFT SIDE (Motorcycle Side Car) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (Truck) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a Bus, Pick-up with Cap)		12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit) 15 - Non-Motorist 16 - OTHER 99 - UNKNOWN		AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS		OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (Ohio is "D") 5 - MC/MOPED ONLY		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER		ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED			
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION			
UNIT NUMBER [REDACTED]	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]	AGE [REDACTED]	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP [REDACTED]		CONTACT PHONE- INCLUDE AREA CODE [REDACTED]									
INJURIES [REDACTED]	INJURED TAKEN BY [REDACTED]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [REDACTED]	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]		
UNIT NUMBER [REDACTED]	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]	AGE [REDACTED]	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP [REDACTED]		CONTACT PHONE- INCLUDE AREA CODE [REDACTED]									
INJURIES [REDACTED]	INJURED TAKEN BY [REDACTED]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [REDACTED]	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]		

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER	16-15964	REPORTING AGENCY	KENT POLICE DEPARTMENT	DATE OF CRASH	M 7 10 17 16
IN COUNTY OF	PORTAGE	CRASH LOCATION	N. WATER ST. / FAIRCHILD AVE.		



OFFICER'S SIGNATURE X <i>[Signature]</i> 213	BADGE NUMBER 213
---	---------------------

HSY 7002 5/05

414