



MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

172134

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Coss, Ralph S	DATE OF BIRTH 11/23/1951	AGE 65	GENDER M F - FEMALE M - MALE
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Address, City, State, ZIP

7311 Tallmadge Rd. Rootstown, OH 44272

CONTACT PHONE- INCLUDE AREA CODE

(330)607-2442

INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RS987765	OL CLASS 4	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 .	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 1							

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Macomber, Kerry A	DATE OF BIRTH 05/31/1962	AGE 54	GENDER F F - FEMALE M - MALE
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Address, City, State, ZIP

6621 First Ave. Kent, OH 44240

CONTACT PHONE- INCLUDE AREA CODE

(330)620-5027

INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RM946100	OL CLASS 4	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 .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 31893	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1							

- 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
- 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING
 - 06 - CHILD RESTRAINT SYSTEM- REAR FACING
 - 07 - BOOSTER SEAT
 - 08 - HELMET USED

- 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	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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Address, City, State, ZIP

CONTACT PHONE- INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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Address, City, State, ZIP

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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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Unit

Local Report Number

172134

Unit Number 91	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number FKB5167	Vehicle Identification Number 2C3CA5CV9AH266102	2 - Minor	
Vehicle Year 2010	Vehicle Make Chry	Vehicle Model 300	3 - Functional	
Vehicle Color Grey	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Erie	Policy Number Q107406943	4 - Disabling
Carrier Name, Address, City, State, Zip			Towed By	9 - Unknown
Carrier Phone- include area code				
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type 01 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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	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	HM Class Number 1	Hazardous Material Released <input type="checkbox"/>	<input type="checkbox"/> Hit / Skip Unit	
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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 03 99 - Unknown or Hit / Skip	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 01 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.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 06 Impact Area 06 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other
Pre-Crash Actions 11 Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown			Non-Motorist 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 20 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 0 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 35	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



Unit

Local Report Number

172134

Unit Number 02	Owner Name: Last, First, Middle (Same As Driver)	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale 2	Damaged Area 	
Owner Address: City, State, Zip (Same As Driver)			1 - None		
LP State OH	License Plate Number FKS8358	Vehicle Identification Number 1FAHP2E85DG137818	2 - Minor		
Vehicle Year 2013	Vehicle Make Ford	Vehicle Model Taurus	3 - Functional		
Vehicle Color Brown	Proof of Insurance Shown	Insurance Company Western Reserve	4 - Disabling		
Policy Number WPV340103567018	Towed By		9 - Unknown		
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code		
US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 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.	Hazardous Material Released	Unit Type 03 - Passenger Vehicles (less than 9 passengers) 99 - Unknown or Hit / Skip	Has HM Placard		
Non-Motorist Location Prior to Impact 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 1 - Personal 2 - Commercial 3 - Government In Emergency Response	Most Damaged Area 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	Impact Area 02	Action 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struc 9 - Unknown	
Special Function 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.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	99 - Unknown	
Pre-Crash Actions 11	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	Non-Motorist 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	
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Unit Speed 2	Posted Speed 35	Traffic Control 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 17-2134	REPORTING AGENCY KENT POLICE DEPARTMENT	DATE OF CRASH M 1 D 29 Y 17
IN COUNTY OF PORTAGE	CRASH LOCATION 600 N. Mantua	

600

FAIRCHILD AVE.

N. MANTUA ST.

2

1

NOT TO SCALE

FAIRCHILD AVE. (BRIDGE)

GUGLER AVE.

N. MANTUA ST.

OFFICER'S SIGNATURE
X *Burkhard*

BADGE NUMBER
210