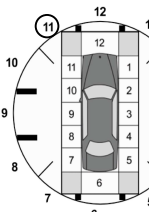
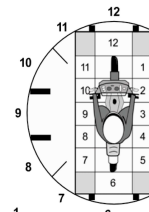
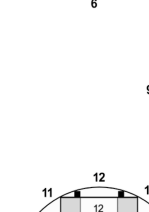
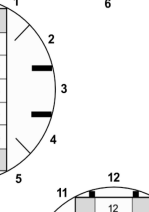
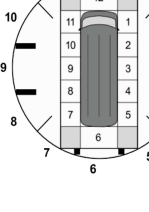
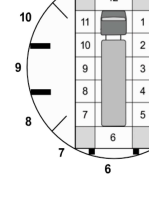
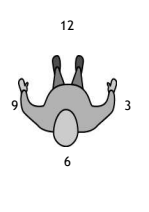
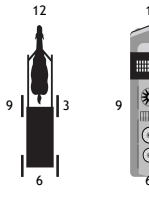
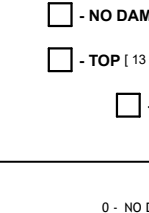
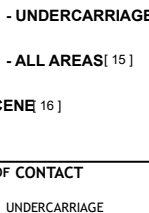
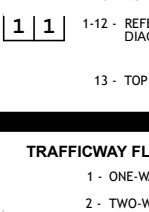
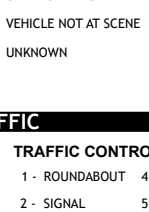
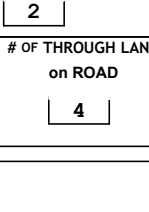
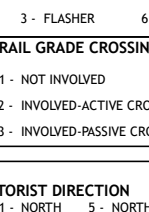
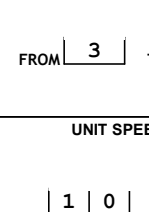
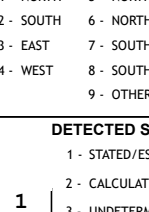
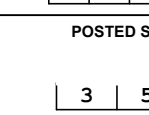
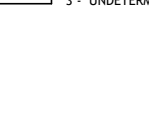




2	2	R	E	Y	-	2	4	7	1	0	-	A	C
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LOCAL REPORT NUMBER											
2 2 R E Y - 2 4 7 1 0 - A C											
DAMAGE											
DAMAGE SCALE											
3 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN											
DAMAGED AREA(S) INDICATE ALL THAT APPLY											
                 											
INITIAL POINT OF CONTACT											
0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP											
TRAFFIC											
TRAFFICWAY FLOW						TRAFFIC CONTROL					
1 - ONE-WAY 2 - TWO-WAY						1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL					
# OF THROUGH LANES on ROAD						RAIL GRADE CROSSING					
4						1					
UNIT / NON-MOTORIST DIRECTION											
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN											
UNIT SPEED						DETECTED SPEED					
1 0						1					
POSTED SPEED											
3 5											

OWNER											
UNIT #		OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> Same As Driver)						OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> Same As Driver)			
0 2		NSEKA, ISAREL									
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> Same As Driver)											
881 MILLSTREAM DR REYNOLDSBURG, OH 43068											
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP								COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE											
LP STATE		LICENSE PLATE #		VEHICLE IDENTIFICATION #				VEHICLE YEAR		VEHICLE MAKE	
M E		55XN		K M H F H 4 J G O E A 3 6 1 0 6 7				2 0 1 4		HYUN	
<input checked="" type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY				INSURANCE POLICY #		COLOR		VEHICLE MODEL	
		All State				826516149		BLK		AZERA	
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> GOVERNMENT		<input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME			
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		<input type="checkbox"/> HIT / SKIP UNIT		# OCCUPANTS		VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL			
				0 4		1 - < 10K Lbs. 2 - 10,001 to 26K Lbs 3 - > 26K Lbs.		<input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD			
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 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEM-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL-TERRAIN VEHICLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT / SKIP											
UNIT TYPE											
0 # of TRAILING UNITS											
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 AUTONOMOUS MODE LEVEL											
1-YES 2-NO 9-OTHER / UNKNOWN 0 AUTONOMOUS MODE LEVEL											
1 - NONE 6 - BUS-CHARTER / TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS-INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS-SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS-OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS-TRANSIT / COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL											
1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER VEHICLE 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN / ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN / CHIPS / GRAVEL 10 - FLAT BED 14 - GARBAGE / REFUSE 11 - DUMP 99 - OTHER / UNKNOWN											
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT											
VEHICLE DEFECTS											
1 - INTERSECTION-MARKED CROSSWALK 3 - INTERSECTION-OTHER 6 - BICYCLE LANE 9 - MEDIAN / CROSSING ISLAND 11 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION-UNMARKED CROSSWALK 4 - MIDBLOCK-MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS											
NON-MOTORIST LOCATION AT IMPACT											
1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING / PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 99 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS											
ACTION											
PRE-CRASH ACTIONS											
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNABLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING / FALLING / SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 6 - IMPROPER TURN 12 - IMPROPER BACKING											
CONTRIBUTING CIRCUMSTANCES											
SEQUENCE OF EVENTS											
EVENTS											
1 2 0 1 - OVERTURN / ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORKZONE MAINTENANCE EQUIPMENT 2 - FIRE / EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE											
COLLISION with FIXED OBJECT - STRUCK											
25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT											
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT											

[illegible]

<div><div><div><div><div></div><div>OHIO DEPARTMENT OF PUBLIC SAFETY</div><div>SAFETY • SERVICE • PROTECTION</div></div><div>LOCAL REPORT NUMBER</div></div><div>2 2 R E Y - 2 4 7 1 0 - A C </div></div></div>		OCCUPANT / WITNESS ADDENDUM									
OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE NSEKA, ISAREL				DATE OF BIRTH 1 1 3 0 1 9 8 0				AGE 4 1	GENDER F
	ADDRESS: CITY, STATE, ZIP 881 MILLSTREAM DR REYNOLDSBURG, OH 43068					CONTACT PHONE INCLUDE AREA CODE 					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE MATEUS, ISAAC				DATE OF BIRTH 0 5 1 7 2 0 1 5				AGE 7	GENDER M
	ADDRESS: CITY, STATE, ZIP 881 MILLSTREAM DR REYNOLDSBURG, OH 43068					CONTACT PHONE INCLUDE AREA CODE 					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE MATEUS, MARIA				DATE OF BIRTH 0 8 3 1 2 0 1 7				AGE 4	GENDER F
	ADDRESS: CITY, STATE, ZIP 881 MILLSTREAM DR REYNOLDSBURG, OH 43068					CONTACT PHONE INCLUDE AREA CODE 					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT # 	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH 				AGE 	GENDER
	ADDRESS: CITY, STATE, ZIP					CONTACT PHONE INCLUDE AREA CODE 					
	INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME)	INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 	
<div><div>INJURIES</div><div>SAFETY EQUIPMENT USED</div><div>SEATING POSITION</div><div>AIR BAG USAGE</div></div> <div><div>1 - FATAL</div><div>2 - SUSPECTED SERIOUS INJURY</div><div>3 - SUSPECTED MINOR INJURY</div><div>4 - POSSIBLE INJURY</div><div>5 - NO APPARENT INJURY</div><div>1 - NONE USED - VEHICLE OCCUPANT</div><div>2 - SHOULDER BELT ONLY USED</div><div>3 - LAP BELT ONLY USED</div><div>4 - SHOULDER & LAP BELT USED</div><div>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</div><div>6 - CHILD RESTRAINT SYSTEM - REAR FACING</div><div>7 - BOOSTER SEAT</div><div>8 - HELMET USED</div><div>9 - PROTECTIVE PADS USED (ELBOW, KNESS, ETC.)</div><div>10 - REFLECTIVE CLOTHING</div><div>11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY</div><div>99 - OTHER / UNKNOWN</div><div>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</div><div>2 - FRONT - MIDDLE</div><div>3 - FRONT - RIGHT SIDE</div><div>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</div><div>5 - SECOND - MIDDLE</div><div>6 - SECOND - RIGHT SIDE</div><div>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</div><div>8 - THIRD - MIDDLE</div><div>9 - THIRD - RIGHT SIDE</div><div>10 - SLEEPER SECTION OF TRUCK CAB</div><div>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAB)</div><div>12 - PASSENGER IN UNENCLOSED CARGO AREA</div><div>13 - TRAILING UNIT</div><div>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</div><div>15 - NON-MOTORIST</div><div>99 - OTHER / UNKNOWN</div><div>1 - NOT DEPLOYED</div><div>2 - DEPLOYED FRONT</div><div>3 - DEPLOYED SIDE</div><div>4 - DEPLOYED BOTH FRONT/SIDE</div><div>5 - NOT APPLICABLE</div><div>9 - DEPLOYMENT UNKNOWN</div><div>1 - NOT EJECTED</div><div>2 - PARTIALLY EJECTED</div><div>3 - TOTALLY EJECTED</div><div>4 - NOT APPLICABLE</div><div>1 - NOT TRAPPED</div><div>2 - EXTRICATED BY MECHANICAL MEANS</div><div>3 - FREED BY NON-MECHANICAL MEANS</div></div>											
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH 				AGE 	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE INCLUDE AREA CODE 					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH 				AGE 	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE INCLUDE AREA CODE 					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH 				AGE 	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE INCLUDE AREA CODE 					

HSY 8355 OH1P 1/19 [760-1500]

PAGE 5 OF 5