OHIO DEPARTMENT OF PUBLIC SAFETY TRAFFIC CRASH REPORT OMETI - MARKET - MARK									LOCAL REPORT NUMBER *					
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION								[2 0 2 3 1 5 8 3						
SECONDARY CRASH		OTHER	REPORTING AGENC			0 1	HIT/SKIP 1 - Solved	NIIMRED OF LINITS	0   2   98 - ANIMAL   99 - UNKNOWN					
COUNTY* LOCALIT	Private Property	10017:0::	GARFIE	LD HEIG	HTS	UII	5   2   0	2 - Unsolved U Z U Z 99  CRASH DATE/TIME*  CRASH SEVI						
1 1 8 1 1	1 - CITY * 2 - VILLAGE *	LOCATION: CITY, VI	LLD HTS						5 1 1- FATAL					
	ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH LOCATION ROAD NAME R								2- SERIOUS IN SUSPECTED					
DCATION			2-SOUTH 3-AST OAKPARK BLL						1 5 4 1	3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE				
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH						DEGREES	5 - PROPERTY DAMAGE ONLY				
REFERENCE			2 - SOUTH 3 - EAST 4 - WEST	12300	NOE ROAD NAME (ROAD, MILEPOS), I		-8,1,5,9,8,1,7,6							
REFERENCE POINT  1 - INTERSECTION	DIRECTION  DECEDENCE 1 - NORTH	IR - INTE	POLITE TYPE         POAD TYPE           ISTATE ROUTE (TP)         AL - ALLEY         HW - HIGHWAY         RD - ROAD					INTERSECTION RELATED  WITHIN INTERSECTION OR ON APPROACH						
3 - MILE POST 3 - HOUSE #	2 - SOUTH 3 - EAST 4 - WEST	US - FEE SR - STA	DERAL US ROUTE ATE ROUTE		AV - AVENUE LA - BL - BOULEVARD MP	LANE S MILEPOST S	SQ - SQUARE ST - STREET TE - TERRACE	_						
DISTANCE EDOM DECEDEMOS	DISTANCE	TR - NUM	MBERED COUNTY ROU MBERED TOWNSHIP UTE	ITE	CT - COURT PK - DR - DRIVE PI -	PARKWAY 1	TL - TRAIL WA - WAY	☐ WITHIN INTERCH.	NUMBER OF APPROACHES					
	1 - Miles 2 - Feet 3 - Yards							ROADWAY						
100	CATION OF EIDST HADMEI II	EVENT	<u> </u>		MANNER OF CRASH COLLISI	ON/IMPACT		DIRECTION OF TRAVEL	1	MEDIAN TYPE				
0 1 1-0N ROAE 2-0N SHOU	DWAY 9 - CROSSOVI ULDER 10 - DRIVEWA	ER		1 - NOT COLLISION BETWEEN				1 - NORTH	1 - DIVID	DED FLUSH MEDIAN				
4 - ON ROAE 5 - ON GORE 6 - OUTSIDE	DSIDE 11 - RAILWAY E CROSSIN	G		TWO MOTOR VEHICLES IN TRANSPORT	6 - ANGLE 7 - SIDESWIPE			2 - SOUTH 3 - EAST	(<4 FI 2 - DIVID (≥4 FI	ED FLUSH MEDIAN				
TRAFFICI 7 - ON RAMP 8 - OFF RAM	WAY OR TRAIL P 13 - BIKE LAN	.S E		2 - REAR-END 3 - HEAD-ON	8 - SIDESWIPE 9 - OTHER / UN	, OPPOSITE DIRECTION IKNOWN		4 - WEST	4 - DIVID	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN TYPE)				
0 01110	99 - OTHER / U								9 - OTHE	ER / UNKNOWN				
WORK ZONE RELATED WORKERS PRESENT	2 -	WORK ZO LANE CLOSURE LANE SHIFT/CROS	SSOVER		1 - BEFORE WARNIN	CRASH IN WORK ZON THE 1ST WORK ZON G SIGN		CONTOUR 1	conditions 1	SURFACE				
LAW ENFORCEMENT  PRESENT		OR MEDIAN			3 - TRANSI 4 - ACTIVIT	Y AREA		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE				
☐ ACTIVE SCHOOL ZONE		INTERMITTENT OR OTHER	MOVING WORK		5 - TERMIN	ATION AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW 4 - ICE	2 - BLACKTOP, BITUMINOUS, ASPHALT				
LIGHT	CONDITION				WEATHER			4 - CURVE GRADE 9 - OTHER /UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE				
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTI			1 - CLEAF 2 - CLOUI 3 - FOG, S		6 - SNOW 7 - SEVERE CROSSW 8 - BLOWING SAND, S	NDS OIL, DIRT, SNOW			MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	5 - DIRT 9 - OTHER /UNKNOWN				
	WAY NOT LIGHTED OWN ROADWAY LIGHTING NOWN		4 - RAIN 5 - SLEET	, HAIL	9 - FREEZING RAIN OF 99 - OTHER / UNKNOW				-					
UNIT #2 WAS	BACKING OL	JT THE I	DRIVEWA	Y AT 12:	301			1 1 1		Indicate the north direction with an "N" on the				
OAKPARK BL	VD AND STR	UCK UN	 JIT #1 TH	AT WAS						compass diagram.				
PARKED IN FI	KUNI UF 123	OU OAK	PARK DL	νυ										
								e e		 ബെ N				
						. = -	Blvd							
						. = -	Oakpark Blvd							
							0	r g						
12301								12300						
									7					
								4	Draw	ring Not To Scale · · ·				
								t'						
CRASH REPORTED DATE/TIME DISPATCH DATE/TIME ARRIVAL DATE/TIME								SCENE CLEAR	ED DATE/TIME	REPORT TAKEN BY				
0 6 1 1 2 0 2			1 2 0 2 3		2 3    0 6 1 1	2 0 2 3		<u>  0   6   1   1   2   0   2</u>	2 3   1 0 3 8	POLICE AGENCY  MOTORIST				
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTE					T. Baon	FICER'S NAME*		SUPPLEMENT				
	2 0	[3 <sub> </sub> 5 <sub> </sub>		0   2	CER'S BADGE NUMBER*			CHECKED BY OFFICER'S BADGE	NUMBER*	(CORRECTION on ADDITION To on accessing periods alon't to capes				

OHIO DEPARTMENT OF PUBLIC SAFETY UNIT								LOCAL REPORT NUMBER  2   0   2   3   1   5   8   3				
	UNIT # OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver) OWNER PHONE: INCLUDE AREA CODE ( Same As Driver)  O								DAMAGE DAMAGE SCALE			
NER		SS: STREET, CITY, STATE, ZIP	( Same As	Driver)				1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE			
MO	12301	OAK PARK RRIER: NAME, ADDRESS, CITY, STATE, ZIP	BLVD	44125 REA CODE	2 2-MINOR DAMAGE	9 - UNKNOWN						
									DAMAGED AREA(S)			
	LP STATE	LICENSE PLATE # JVX4054		VEHICLE IDENTIFICATION #	VEHICLE YEAR VEHICLE MAKE			INDICATE ALL THAT APPLY  12  12				
	_ INSU	IRANCE INSURANCE COMPANY		INSURANCE POLICY#	VEHICLE COLOR VEHICLE MODEL			10 12 1	11 12 1			
	_ VER	ALLSTATE  TYPE OF USE		826514294 US DOT#	TOWED	WHI BY: COMPANY NAME	Atlas	10 2	, , , , , , , , , , , , , , , , , , , ,			
COMMERCIAL GOVERNMENT		CIAL GOVERNMENT	IN EMERGENCY RESPONSE	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL			8 4 7				
INTERLOCK DEVICE HIT/SKIP UNIT EQUIPPED		# OCCUPANTS  0 0	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		MATERIAL RELEASED CLASS# PLACARD ID#		7 6 5	7 6 5				
	10131	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	19 - BUS (16 20 - OTHER	i+ PASSENGERS) 24 VEHICLE 25	- PEDESTRIAN/SKATER - WHEELCHAIR (ANY TYPE) - OTHER NON- MOTORIST - BICYCLE	10/	11 1 2			
		4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	22 - ANIMAL	. WITH RIDER OR 27	- TRAIN - UNKNOWN OR HIT/SKIP	9 3 4 3				
J.E		6 - VAN (9-15 SEATS)	(ATV / UTV)	17 - MOTORHOME				12	7 6 5			
VEHICLE		# OF TRAILING UNITS						10 12	2 10 11 1 2			
	. 2	WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	AUTONOMO	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	AUTO 4 - HIGH	DMATION I AUTOMATION	- UNKNOWN	9 10 2 3	3 9 9 3			
		1 - YES 2 - NO 9 - OTHER / UNKNOW	NN MODE LEVE  6 - BUS - CHARTER/TOUR	L 11 - FIRE	5 - FULL AUTOMATION  16 - FARM 21 - MAIL CARRIER			8 7 5	74			
	0 1 2 - TAXI 7 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	17 - MOWING 99 - OTHER JUNKNOWN 18 - SNOW REMOVAL 19 - TOWING			7 6 5	7 6 5			
	SPECIAL 5 - BUS-TRANSITICOMMUTER 10 - AMBULANCE FUNCTION			15 - CONSTRUCTION EQUIPMENT	CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL			12	12 12 12			
	O 1 / NOT APPLICABLE MG		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX	8 - POLE         12 - CONCRETE MIXER           9 - CARGO TANK         13 - AUTO TRANSPORTER           10 - FLAT BED         14 - GARBAGE/REFUSE		я Щя.	9 1 3 9 1 3				
	CARGO BODY TYPE	(		7 - GRAIN/CHIPS/GRAVEL	11 - DU		- OTHER / UNKNOWN	,609.				
	VE11101 E	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	10 - DIS	OR TROUBLE 99 ABLED FROM PRIOR IDENT	- OTHER / UNKNOWN	6	6 6 6			
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI	VEWAY ACCESS	- FIRST RESPONDER AT INCIDENT SCENE - OTHER / UNKNOWN	- NO DAMAGE [0]	- UNDERCARRIAGE [14]			
	NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION		TRAILS			UNIT NOT AT SCENE [16]				
	4	1 - NON-CONTACT 2 - NON-COLLISION 2 - CTRIVING	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING		8 - APPROACHING OR LEAVING VEHICLE 9 - STANDING	IF	NITIAL POINT OF CONTACT			
		4 - STRUCK PRE-CRASH	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED			0 - OTHER NON-MOTORIST 11 - STANDING OUTSIDE DISABLED VEHICLE	0 7 0- NO DAMAGE				
		5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WORKING 99 - OTHER / UNKNOWN 17 - PUSHING VEHICLE			DIAGRAM 99 - UNKNOWN 13 - TOP				
									TRAFFIC			
		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED	18 - OPE	RATING DEFECTIVE 22	- LYING IN ROADWAY - NOT DISCERNABLE 3 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN			
	0.1.	4 - RAN STOP SIGN 5 - UNSAFE SPEED	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	FAL	D SHIFTING/	ROADWAY 3 - OTHER IMPROPER	1 - ONE-WAY 2 - TWO-WAY	6 2-SIGNAL 5-YIELD SIGN			
	CONTRIBUTING CIRCUMSTANCES	6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	ic moleum			ACTION	# OF THROUGH LANES ON ROAD	3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING			
S)	OII COMOTANCEO							ON ROAD	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING			
EVENT(	SEQUENCE OF	EVENTS		EVENTS				2	1 3 - INVOLVED - PASSIVE CROSSING			
	1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANII	MAL - FARM MAI - DEFR	- WORK ZONE MAINTENANCE EQUIPMENT	U	NIT / NON-MOTORIST DIRECTION			
		4 - JACKKNIFE 5 - CARGO / EQUIPMENT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN	19 - ANIMAL - DEEK 23 - STRUCK BY FALLING, SHIFTING CARGO OR 20 - MOTOR VEHICLE IN ANYTHING SET IN		SHIFTING CARGO OR ANYTHING SET IN		1 - NORTH 5 - NORTHEAST			
		LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE		KED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE I - OTHER MOVABLE	FROM   4   TO	2-SOUTH 6-NORTHWEST  3-EAST 7-SOUTHEAST			
	3			COLLISION WITH FIXED OBJECT	- STRUCK		OBJECT	FROM 4 TO	3 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CUF 44 - DITC 45 - FMR	н	-WORKZONE MAINTENANCE EQUIPMENT - WALL	UNIT SPEED	DETECTED SPEED			
		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARABET	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR	46 - FEN 47 - MAIL	DE 52 BOX	- BUILDING - TUNNEL - OTHER FIXED OBJECT	. 0	1 4 074750/507144750 00550			
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	SUPPORT 42 - CULVERT	48 - TREI 49 - FIRE		- OTHER FIXED OBJECT - OTHER / UNKNOWN	0	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR			
	6							POSTED SPEED	3 - UNDETERMINED			
	1		4					2   5				
HSY	/8304 OH1U 1/19 [	FIRST HARMFUL EVENT		MOST HARMFUL EVENT					PAGE OF			

OF PUBLIC SAFETY UNIT	LOCAL REPORT NUMBER  2   0   2   3   1   5   8   3							
UNIT # OWNER NAME: LAST, FIRST, MIDDLE ( Same COSME MARCUS JESUS	e As Driver)	PHONE: INCLUDE AREA CODE	Same As Driver)	DAMAGE DAMAGE SCALE				
OWNER ADDRESS: STREET, CITY, STATE, ZIP     (■ Same As Driv	ver)			1 - NONE 3 - FUNCTIONAL DAMAGE				
6 4845 E 90TH ST	GARFIELD H	TS OH 4			4 - DISABLING DAMAGE 9 - UNKNOWN			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	-A CODE		DAMAGED AREA(S)					
	HICLE IDENTIFICATION#	VEHICLE YEAR	VEHICLE MAKE	INDICATE ALL THAT APPLY				
O H JWL8993 11G1AL51	5 F 3 6 7 6 4 0 7 4 9  Insurance policy#	2 0 0 6  VEHICLE COLOR	Chevrolet  VEHICLE MODEL	11 12 1	11 12			
□ VERIFIED GENERAL		BLU	Cobalt	10 1 1 2	10 11 1 2			
TYPE OF USE  IN EMERGENCY GOVERNMENT RESPONSE	US DOT # TOWE	TOWED BY: COMPANY NAME		9 9 3 4	3 , 10 3 73			
INTERLOCK # OCCUPANTS DEVICE HIT/SKIP UNIT	VEHICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS.	HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS# PLACARD ID#		8 7 6	7 5 4			
EQUIPPED 0 2	2 - 10,001 - 26K LBS. 3 - >26K LBS.	PLACARD		6 5	11 12 7 6 5			
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 9 - AUTOCYCLE	13 - SNOWMOBILE 19 - BUS (	16+ PASSENGERS) 24 - R VEHICLE 25 -	PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE) OTHER NON- MOTORIST	10	11 1 2			
4 - PICK UP 10 - MOPED OR MOTORIZED  10 - MOPED OR MOTORIZED  BICYCLE	15 - SEMI-TRACTOR 21 - HEAV	AL WITH RIDER OR 27 -	BICYCLE TRAIN UNKNOWN OR HIT/SKIP	9 3 3				
UNIT TYPE 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	AL-DRAWN VEHICLE 59 -	UNKNOWN OK HITISKIP	8	7 5 6			
# of trailing units				11 12	6 11 12 1			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE 0	0 - NO AUTOMATION 3 - CO		UNKNOWN	10 1 2	10 1 2 2			
WHEN CRASH OCCURED?  2 1-YES 2-NO 9-OTHER / UNKNOWN MODELEVEL	- DRIVER ASSISTANCE AUTOMATION - PARTIAL AUTOMATION - FULL AUTOMATION - FULL AUTOMATION			9 9 3 9 9 9				
1 - NONE 6 - BUS - CHARTER/TOUR 2 - TAXI 7 - BUS - INTERCITY	11 - FIRE 16 - FA 12 - MILITARY 17 - M		- MAIL CARRIER	8 7 6	8 7 5 4			
O 1 3-ELECTRONIC RIDE SHARING 8-BUS -SHUTTLE 4-SCHOOL TRANSPORT 9-BUS -OTHER 5-BUS -STRUCTURE 1-AMBULANCE	13 - POLICE 18 - SN 14 - PUBLIC UTILITY 19 - TO	17 - MOWING 99 - OTHER /UNKNOWN 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		6	6			
FUNCTION 0 - BUG-TRANSHIT/COMMUNICIEN 10 - AMBBULANCE	5 - CONSTRUCTION EQUIPMENT 20 - SAPELT SERVICE PATROL			17	12 12 12			
0 1 1 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE TOWING ANOTHER 4 - LOGGING 4 - LOGGING		ARGO TANK 13 - A	CONCRETE MIXER AUTO TRANSPORTER GARBAGE/REFUSE	a M a				
CARGO BODY TYPE	7 - GRAIN/CHIPS/GRAVEL 11 - D	U11 DED	OTHER / UNKNOWN	,609, ,	3 9 3 9			
1 - TURN SIGNALS 4 - BRAKES 2 - HEAD LAMPS 5 - STEERING VEHICLE 3 - TAIL JAMPS 5 - TIDE BI OWN IT	8 - TRAILER EQUIPMENT 10 - DI	OTOR TROUBLE 99 - 4 SABLED FROM PRIOR CIDENT	OTHER / UNKNOWN	6 6 6				
DEFECTS  1 - INTERSECTION - 3 - INTERSECTION - OTHER	DEFECTIVE .	DIAN/CROSSING ISLAND 12 -	FIRST RESPONDER	- NO DAMAGE [0]	UNDERCARRIAGE [14]			
MARKED	8 - SIDEWALK 11 - SH		AT INCIDENT SCENE OTHER / UNKNOWN	- TOP [13]	- ALL AREAS [15]			
LOCATION AT UNMARKED STRAIGHT AND CONTROL OF THE LOCATION OF T			- APPROACHING		NOT AT SCENE [16]			
2 - NON-COLLISION 0 2 - BACKING 3 - STRIKING 0 2 3 - CHANGING LANES		ECIEIED I OCATION	OR LEAVING VEHICLE - STANDING - OTHER NON-MOTORIST	in in	IAL POINT OF CONTACT			
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING ACTION 5 - BOTH STRIKING ACTION 5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED JO	ALKING, RUNNING, 21 IGGING, PLAYING	- STANDING OUTSIDE DISABLED VEHICLE	0 5 0 - NO DAMAGE				
& STRUCK 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN		ORKING 99 JSHING VEHICLE	- OTHER / UNKNOWN	DIAGRAM 13 - TOP	99 - UNKNOWN			
					TRAFFIC			
1 - NONE 7 - LEFT OF CENTER 2 - FAILURE TO YIELD 8 - FOLLOWING TOO 3 - RAN RED LIGHT CLOSEACDA	A PARKED POSITION 18 - OF	PERATING DEFECTIVE 22 -	LYING IN ROADWAY  NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN			
3 - RAN NED LIGHTI CLOSE/RICOR 4 - RAN STOP SIGN 9 - IMPROPER LANE CHANGING 1 1 2 5 - UNSAFE SPEED 10 - IMPROPER PASSING	ILLEGALLY 19 - LC 15 - SWERVING TO AVOID FA	DAD SHIFTING/ ILLING/SPILLING	OPENING DOOR INTO ROADWAY OTHER IMPROPER	1 - ONE-WAY 2   2 - TWO-WAY	6   2-SIGNAL 5-YIELD SIGN			
6 - IMPROPER TURN 10 - IMPROPER FASSING 11 - DROVE OF ROAD  CONTRIBUTING 12 - IMPROPER BACKING	16 - WRONG WAY 20 - IM		ACTION	# OF THROUGH LANES	3 - FLASHER 6 - NO CONTROL			
CIRCUMSTANCES				# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING  1 - NOT INVOLVED			
SEQUENCE OF EVENTS				_ 2 _	2 - INVOLVED - ACTIVE CROSSING  1 1 3 - INVOLVED - PASSIVE CROSSING			
1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE			WORK ZONE MAINTENANCE		5 - INVOLVED - MASSIVE CRUSSING			
1 2 1 3 - FIREEXPLOSION 7 - SEPARATION OF UNITS 4 - JACKINIFE 8 - RAN OFF ROAD RIGHT	TRAVEL 18 - AN 12 - DOWNHILL RUNAWAY 19 - AN	IIMAL - DEER 23 -	EQUIPMENT STRUCK BY FALLING,	UNIT	/ NON-MOTORIST DIRECTION			
5 - CARGO / EQUIPMENT 9 - RAN OFF ROAD LEFT 2   LOSS OR SHIFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 20 - MC 14 - PEDESTRIAN TR	OTOR VEHICLE IN ANSPORT	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
	15 - PEDALCYCLE 21 - PA	24 -	VEHICLE OTHER MOVABLE OBJECT	FROM 1 1 TO	3 - EAST 7 - SOUTHEAST			
3	COLLISION WITH FIXED OBJECT - STRUCK				4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 4 / CRASH CUSHIGN 32 - PORTRAILE BARRIER 26 - BRIDGE OVERHEAD 33 - MEDIAN CARE   BARRIER	37 - TRAFFIC SIGN POST 43 - CU 38 - OVERHEAD SIGN POST 44 - DIT 30 - LICHTE LINIMADIES SUPPORT 45 - FM	TCH I	WORKZONE MAINTENANCE EQUIPMENT WALL	UNIT SPEED	DETECTED SPEED			
STRUCTURE 34 - MEDIAN GUARDRAIL 27 - BRIDGE PIER OR ABUTMENT BARRIER	40 - UTILITY POLE 46 - FEI 41 - OTHER POST, POLE OR 47 - MA	NCE 52 - 53 - 53 -	BUILDING TUNNEL	1 0	1			
28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER  30 - MEDIAN OTHER BARRIER	SUPPORT 48 - TRI	EE 54 -	OTHER FIXED OBJECT OTHER / UNKNOWN	1 0	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR			
6				POSTED SPEED	3 - UNDETERMINED			
				2 5				
1 FIRST HARMFUL EVENT 1 MO	ST HARMFUL EVENT			2   5	PAGE OF			

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER					
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	WOTORIST / NC		31				_2	0   2   3	<sub> </sub> 1 <sub> </sub>	5   8   3			
M UNIT# NAME: LAST, FRST, MIDDLE OF OR NAME NAME: LAST, FRST, MIDDLE OF OR NAME NAME NAME NAME NAME NAME NAME NAME								DATE OF BIRTH AGE GENDER   GENDER					
T O 2 COSI	<u>ME</u>	MARCUS	JESU:	<u>S</u>			CONTACT PHONE - INCLUDE AREA CODE						
s 4845 E 90Th	H ST	OH 4											
N BY	MS AGENCY (NAME)	CAL FACILITY (NAME, CITY)	SAFETY EQUI USED			DOT-COMPLIAN MC HELMET	SEATING POSITION AIR BAG			EJECTION	1 .		
O 5 ODERATOR LIC	ENSE NUMBER	OFFENSE O	CHARGED	LOCAL	0   4		MC HELMEI	0	1	CITATION NUMBE	<u> </u>	11	
M 0				CODE									
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT		CONDITION	STATUS	ALCOH: TYPE	OL TEST VALUE	STATU		RUG TEST(S) RESU	JLT SELECT UP TO 4	
s 4 L L L		1	ALCOHOL M	ARIJUANA L	1	_1_	_1_		_1	_1			
M UNIT # NAME: LAST, FIRE	ST, MIDDLE						ĺ	DATE OF BI	RTH	<u> </u>	AGE	GENDER	
T O ADDRESS STREET STREET													
R ADDRESS: STREET, CITY, STATE, ZIP S							CONTACT PHONE - INCLUDE AREA CODE						
	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	CAL FACILITY (NAME, CITY)	SAFETY EQU USED	JIPMENT		DOT source	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED	
N BY							MC HELMET	OT-COMPLIANT IC HELMET					
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE C	HARGED	LOCAL C	OFFENSE DESCRIPTI	ION		CITAT			R		
0 T ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECT	ED	CONDITION		ALCOHO	OL TEST		DF	RUG TEST(S)		
R SELECT UP TO 2		DISTRACTED BY		RUUANA		STATUS	TYPE	VALUE	STATU	_		LT SELECT UP TO 4	
S T UNIT # NAME: LAST, FIRE	T MIDD F		OTHER DRUG	L				DATE OF BI	ртн		AGE	GENDER	
O T	or, middle							I I I		_ , _ , ] ,		J	
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
S T													
I INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	AL FACILITY (NAME, CITY)	SAFETY EQUI USED	PMENT		DOT-COMPLIAN	SEATING POS	SITION .	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE C	HARGED		OFFENSE DESCRIPT	TION	IIIO TIEEMET			CITATION NUMBE	R R		
M 0 T				CODE									
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT	ED RUUANA	CONDITION	STATUS	ALCOHO TYPE	OL TEST VALUE	STATU		RUG TEST(S) RESU	ILT SELECT UP TO 4	
s L			OTHER DRUG	L		ш							
INJURIES 1 - FATAL	SEATING POSITION  1 - FRONT - LEFT SIDE	AIR BAG  1 - NOT DEPLOYED	OL C	LASS	1 - ALCOHOL I	RESTRICTION	I(S)	DRIVER DIS	TRACTION	1. NON	TEST S	TATUS	
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRA			2 - MANUALLY OPERATIN			REFUSED		
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	S C 3 - CORRECTIVE LENSES			ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,				3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = 5 - NOT APPLICABLE 5 - M / C MOPED ONLY			4 - FARM WAIVER 5 - EXCEPT CLASS A BUS			DIALING) 3 - TALKING ON HANDS-FREE			4 - TEST GIVEN, RESULTS KNOWN		
	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN 6 - NO VALID OL			& CLASS B	6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER		COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD		5 - TES1	5 - TEST GIVEN, RESULTS UNKNOWN		
INJURED TAKEN BY  1 - NOT TRANSPORTED	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)				7 - EXCEPT TR 8 - INTERMEDI			COMMUNICATION DE	VICE				
/TREATED AT SCENE 2 - EMS	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	RESTRICTIONS  EJECTION OL ENDORSEMENT 9 - LEARNER'S PER					ELECTRONIC DEVICE				ALCOHOL TEST TYPE		
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT	RESTRICTIONS  10 - LIMITED TO DAYLIGHT			6 - PASSENGER 7 - OTHER DISTRACTION INSIDE				1 - NONE		
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PARTIALLY EJECTED  3 - TOTALLY EJECTED	M - MOTORCYCLE P - PASSENGER	M - MOTORCYCLE ONLY  P. PASSENGER 11 - LIMITED TO EMPLOYM			THE VEHICLE  NT 8 - OTHER DISTRACTIONS OUTSIDE				2 - BLOOD 3 - URINE		
SAFETY EQUIPMENT	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER				THE VEHICLE 9 - OTHER / UNKNOWN			4 - BREATH		
1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER			RAKES, HAND S, OR OTHER				5 - OTH	ER		
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA 13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MO	TORCYCLE	ADAPTIVE ( 14 - MILITARY		ILY				2210 75	OT 73/DE	
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM -				T - DOUBLE & TRIPLE TRAILERS  14 - MILITARY VE WITHOUT AII						1 - NON	DRUG TEST TYPE  1 - NONE		
FORWARD FACING (NON-TRAILING UNIT) 6 - CHILD RESTRAINT SYSTEM - 15 - NON-MOTORIST		3 - FREED BY	X - TANKER / HAZMAT				CONDITION				2 - BLOOD 3 - URINE		
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS			18 - OTHER	. NO AID		1 - APPARENTLY NORMA 2 - PHYSICAL IMPAIRME		4 - OTH			
8 - HELMET USED 9 - PROTECTIVE PADS USED								3 - EMOTIONAL (E.G. DEF					
(ELBOWS, KNEES, ETC.)  10 - REFLECTIVE CLOTHING			GEN	DER				ANGRY, DISTURBED) 4 - ILLNESS		1 - AMP	DRUG TEST HETAMINES	RESULT(S)	
11 - LIGHTING - PEDESTRIAN			F - FEMALE M - MALE					5 - FELL ASLEEP, FAINTI	ED,	2 - BAR	BITURATES ZODIAZEPINES		
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN					FATIGUED, ETC.  6 - UNDER THE INFLUEN	ICE OF	4 - CAN	NABINOIDS		
								MEDICATIONS / DRUG / ALCOHOL		5 - COC 6 - OPIA	AINE ATES / OPIOIDS		
								9 - OTHER / UNKNOWN		7 - OTH 8 - NEG	ER ATIVE RESULTS		

HSY8306 OH1M 1/19 [760-1500] PAGE OF

OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER						
						2 0 2 3 1 5 8 3						
UNIT#	NAME: LAST, FIF		ELIS	SHA MARIE	<u> </u>	DATE OF BIRTH AGE GEND 1 1 2 2 2 2 2 0 0 2 2 2 0 5 F						
ADDRESS: STR	CONTACT PHONE - INCLUDE AREA CODE											
ADDRESS: STR												
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT	NG POSITION	AIR BAG USAGE	EJECTION 1	TRAPPED 1		
UNIT#	NAME: LAST, FIR	RST, MIDDLE			•	DATE OF E	BIRTH		AGE	GENDER		
ADDRESS: STR	EET, 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	DOT-COMPLIANT MC HELMET	NG POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE OF E	BIRTH		AGE	GENDER		
										_		
ADDRESS: STR	EET, 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	DOT-COMPLIANT MC HELMET	NG POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	$\perp$					MC HELMET			<u> </u>	<u> </u>		
UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE OF BIRTH AGE GENDI						
ADDRESS: STR	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	CODE			1		
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		NG POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	TAKEN BY				USED	DOT-COMPLIANT MC HELMET	1 1			<b> </b>		
INJURIES  1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN  GENDER  F - FEMALE M - MALE U - OTHER/UNKNOWN			3 - LAP BELT OF 4 - SHOULDER OF 5 - CHILD REST FORWARD FA	CUPANT SELT ONLY USED SILT ONLY USED SILT ONLY USED SILT ONLY USED RAINT SYSTEM - COMB ARMINT SYSTEM - 3 EAT ED PADS USED JEES, ETC.) E COLTHING PEDESTRIAN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  CK CAB 2. OSED CARGO AREA 4. OSED CARGO AREA 4. OSED CARGO AREA 6. OS							
NAME: LAST, FIRS	T, MIDDLE					DATE OF B	BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE A	AREA CODE					
NAME: LAST, FIRST, MIDDLE												
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
						CONTACT FROME - INCLUDE AREA COUE						
NAME: LAST, FIRS	T, MIDDLE					DATE OF BIRTH AGE GENDER						
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							

HSY 8355 0H1P 1/19 [760-1500] PAGE OF