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	JNIT #	OWNER	R NAME: LAST, FIRST, MIDDI	E	(🗆	Same	e As Driver)	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)				DAMAGE DAMAGE SCALE						
	· · ·	ESS: STREET, CITY, STATE, ZIP (Same As Driver)						I				1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN						
СОММ	IERCIAL CAI	L CARRIER: NAME, ADDRESS, CITY, STATE, ZIP							AL CARRIER PHONE: INCLU	IDE AREA CODE								
														MAGED AREA(S)				
LP	STATE	LICENS	SE PLATE #			VE	HICLE IDENTIFICATION #		VEHICLE YEAR	_ `	VEHICLE MAKE	12	INDICA	TE ALL THAT APPLY				
		RANCE	INSURANCE COMPAN	Y			INSURANCE POLICY #		VEHICLE COLOR	VE	EHICLE MODEL							
	COMMERC	CIAL	TYPE OF USE		IN EMERGENCY RESPONSE		US DOT #		BY: COMPANY NAME			9 9 3 4						
	INTERLO DEVICE EQUIPPE		HIT/SKIP UNIT		# OCCUPANTS		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOL MATERIAL RELEASED PLACARD	IS MATERIAL CLASS #	# PLACARD ID #	8 7 6 5	5 11					
	3		GER VAN (MINIVAN) JTILITY VEHICLE VAN	8 - M 9 - A 10 - N E 11 - A	NOTORCYCLE 2-WHEELE NOTORCYCLE 3-WHEELE JUTOCYCLE MOPED OR MOTORIZED SICYCLE ALL TERRAIN VEHICLE ATV / UTV)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	19 - BUS (16 20 - OTHER 21 - HEAVY 22 - ANIMAL		23 - PEDESTR 24 - WHEELCH 25 - OTHER NO 26 - BICYCLE 27 - TRAIN 99 - UNKNOW	IAIR (ANY TYPE) DN- MOTORIST	12						
]	WAS VEHIC WHEN CRA 1 - YES 2	LING UNITS 0 - NO AUTOMATION 3 - CONDITIONAL 9 - L SH OCCURED? 1 - DRIVER ASSISTANCE AUTOMATION 9 - L - NO 9 - OTHER / UNKNOWN AUTOMATION 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION			9 - UNKNOWN		10 9 9 8 7 5	3									
		4 - SCHOOL	NIC RIDE SHARING TRANSPORT NSIT/COMMUTER	7 - Bl 8 - Bl 9 - Bl	US - CHARTER/TOUR US - INTERCITY US - SHUTTLE US - OTHER MBULANCE		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19 - TOV	WING DW REMOVAL	21 - MAIL CARF 99 - OTHER /UI		7 6 6	5					
	RGO BODY TYPE	/ NOT AP 2 - BUS		МС 4 - LC	EHICLE TOWING ANOTHER DTOR VEHICLE DGGING		5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VANIENCLOSED BOX 7 - GRAINICHIPSIGRAVEL	10 - FLA 11 - DU	RGO TANK AT BED	12 - CONCRETE 13 - AUTO TRAN 14 - GARBAGE/F 99 - OTHER / UN	ISPORTER REFUSE IKNOWN	•	,	≥ 3 9 3 9 8 3				
		1 - TURN SIG 2 - HEAD LAN 3 - TAIL LAM	IPS	5 - ST	RAKES TEERING RE BLOWOUT		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	10 - DIS/ ACC	ABLED FROM PRIOR	99 - OTHER / UN	KNOWN		6	6 6				
LOC	1	1 - INTERSEC MARKED CROSSW/ 2 - INTERSEC UNMARKE CROSSW/	NLK TION - D	4 - MIE CR	FERSECTION - OTHER DBLOCK - MARKED IOSSWALK AVEL LANE-OTHER LOCAT	ION	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRIV	IAN/CROSSING ISLAND VEWAY ACCESS RED USE PATHS OR ILS	12 - FIRST RES AT INCIDE! 99 - OTHER / UI	NT SCENE	- NO DAMAGE [0]	- UNIT NOT AT	- UNDERCARRIAGE [14] - ALL AREAS [15] SCENE [16]				
	4	1 - NON-CON 2 - NON-COL 3 - STRIKING 4 - STRUCK 5 - BOTH STF & STRUCH 9 - OTHER //		2 - BA ⊥ 3 - C⊢ 4 - O\ 5 - MA	TRAIGHT AHEAD ACKING HANGING LANES /ERTAKINGPASSING AKING RIGHT TURN AKING LEFT TURN		7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	14 - ENT SPE(15 - WAL JOG 16 - WO	SOTIATING A CURVE TERING OR CROSSING CIFIED LOCATION KING, RUNNING, GGING, PLAYING RKING HIING VEHICLE	18 - APPROAC OR LEAVII 19 - STANDING 20 - OTHER N 21 - STANDING DISABLED 99 - OTHER / L	NG VEHICLE G ON-MOTORIST G OUTSIDE D VEHICLE		IMAGE FER TO UNIT GRAM	DINT OF CONTACT 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN IRAFFIC				
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2 SEQL	JENCE OF	EVENTS												2 - INVOLVED - ACTIVE CROSSING				
EVE		1 - OVERTUR	WROLLOVER	6 - FC	UIPMENT FAILURF		EVENTS 11 - CROSS CENTERLINE -	16 - RAIL	WAY VEHICLE	22 - WORK ZOM				2 3 - INVOLVED - PASSIVE CROSSING				
¹ 2 ²	2 0 2 - FIRE/EXPLOS 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQU LOSS OR SHI		ERSION (KNIFE GO / EQUIPMENT		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN		12 - Ordon Children Direction of TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	17 - ANIN 18 - ANIN 19 - ANIN 20 - MOT TRAI	MAT FARM MAL - DEER MAL - OTHER OR VEHICLE IN NSPORT KED MOTOR VEHICLE	MAINTENA EQUIPMEN 23 - STRUCK B SHIFTING (ANYTHING MOTION B' VEHICLE 24 - OTHER MC OBJECT	NCE NT Y FALLING, CARGO OR SET IN Y A MOTOR	FROM 3 TO	UNIT / NON	-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - NORT 0 - SOUTHEAST				
³							COLLISION WITH FIXED OBJEC	T - STRUCK					L	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
4		25 - IMPACT A / CRASH 26 - BRIDGE (STRUCTL	CUSHION OVERHEAD IRE	32 - PC 33 - ME	JARDRAIL END DRTABLE BARRIER EDIAN CABLE BARRIER EDIAN GUARDRAIL		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	43 - CUR 44 - DITC 45 - EMB 46 - FENG	H ANKMENT	EQUIPMEN 51 - WALL 52 - BUILDING	E MAINTENANCE T	UNIT SPEED		DETECTED SPEED				
5	:	27 - BRIDGE F 28 - BRIDGE F 29 - BRIDGE F 30 - GUARDR	RAIL	BA 35 - ME BA	IRRIER EDIAN CONCRETE IRRIER EDIAN OTHER BARRIER		41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	47 - MAIL 48 - TREE	BOX	53 - TUNNEL 54 - OTHER FIX 99 - OTHER / UI				3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR				
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	WAS VEHIC WHEN CRA	LING UNITS SLE OPERATING IN AUTONO SH OCCURED? - NO 9 - OTHER / UNKNO			MOUS	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	4 - HIGH	DITIONAL MATION AUTOMATION AUTOMATION	9 - UN	IKNOWN	$ \begin{array}{c} 11 \\ 10 \\ 9 \\ 9 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$				6	1			
SPECIAL FUNCTION	4 - SCHOOL	NIC RIDE SHARING TRANSPORT NSIT/COMMUTER	7 - BU 8 - BU 9 - BU	IS - CHARTER/TOUR IS - INTERCITY IS - SHUTTLE IS - OTHER MBULANCE		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19 - TOV	VING W REMOVAL		IAIL CARRIER THER JUNKNOWN			6	5	12		12 •	6 6 12	~
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⁴	25 - IMPACT / / CRASH 26 - BRIDGE (STRUCTI 27 - BRIDGE I 28 - BRIDGE I 29 - BRIDGE I 30 - GUARDR	CUSHION DVERHEAD JRE PIER OR ABUTMENT PARAPET RAIL	32 - POI 33 - MEI 34 - MEI BAF 35 - MEI BAF	ARDRAIL END RTABLE BARRIER DIAN CABLE BARRIER DIAN GUARRAIL RRIER DIAN CONCRETE RRIER DIAN OTHER BARRIER		20 TRAFFIC SIGN POST 38 - URENHEAD SIGN POST 38 - URENHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CUR 44 - DITC 45 - EMB/ 46 - FENC 47 - MAIL 48 - TREE	H ANKMENT SE BOX	EQ 51 - W 52 - BL 53 - TL 54 - O	UILDING			ED SPEED		3	1 - ST. 2 - CA	DETECTED	IATED SPEED	
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UNIT#	OWNER	R NAME: LAST, FIRST, MIDDLE	1	(🗆	Same	e As Driver)	OWNER PHONE: INCLUDE AREA CODE (Same As Driver))	DAMAGE DAMAGE SCALE						
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COMMERCIAL CA	RRIER: NAM	E, ADDRESS, CITY, STATE, ZIP					COMMERCI	AL CARRIER PHONE: INCLU	JDE AREA	CODE								
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CARGO BODY TYPE	/ NOT AP 2 - BUS f		MO 4 - LO			5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VANIENCLOSED BOX 7 - GRAINICHIPS/GRAVEL	10 - FLA 11 - DUI	IGO TANK IT BED MP	13 - Al 14 - G/ 99 - O	DNCRETE MIXER JTO TRANSPORTER ARBAGE/REFUSE THER / UNKNOWN		, V	,	<i>,</i> [−] 3 9				
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SEQUENCE OF	EVENTS											4		1	ED - ACTIVE CROSSING ED - PASSIVE CROSSING			
¹ 2 0	1 - OVERTUR 2 - FIRE/EXPL 3 - IMMERSIC 4 - JACKKNIF 5 - CARGO / E LOSS OR 1	OSION N E QUIPMENT	7 - SEF UNI 8 - RAI 9 - RAI	UIPMENT FAILURE PARATION OF TS N OFF ROAD RIGHT N OFF ROAD LEFT KOSS MEDIAN		EVENTS 11 - CROSS CHTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHIL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	17 - ANIN 18 - ANIN 19 - ANIN 20 - MOT TRAN 21 - PARN	WAY VEHICLE IAL - FARM IAL - DEER IAL - OTHER OR VEHICLE IN SEPORT KED MOTOR VEHICLE	M E 23 - S A N V 24 - C	VORK ZONE LIANTENANCE QUIPMENT TRUCK BY FALLING, HITTING CARGO OR NYTHING SET IN IOTION BY A MOTOR EHICLE THER MOVABLE BJBCT	-							
⁴	25 - IMPACT / / CRASH 26 - BRIDGE (STRUCTU 27 - BRIDGE (28 - BRIDGE (30 - GUARDR	CUSHION IVERHEAD IRE VIER OR ABUTMENT IVARAPET KAIL	32 - POI 33 - MEI 34 - MEI BAF 35 - MEI BAF	ARDRAIL END RTABLE BARRIER DIAN CABLE BARRIER DIAN SUARDRAIL RRIER DIAN CONCRETE RRIER DIAN OTHER BARRIER		COLLISION WITH FIXED OBJECT 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - USHTLUINNARES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CUR 44 - DITC 45 - EMB/ 46 - FENC 47 - MAIL 48 - TREE	H ANKMENT SE BOX	EC 51 - V 52 - B 53 - T 54 - C	ORKZONE MAINTENANCE JUPPLENT VAL UILDING UNNEL THER FYED OBJECT THER / UNKNOWN		UNIT SPEED		3 1-STA 2-CAL	9-OTHER / UNKNOWN ETECTED SPEED ITED/ESTIMATED SPEED CULATED / EDR DETERMINED			
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OHIO DEPARTMENT OF PUBLIC SAFETY	MOTORIST / N				LOCAL REPORT NUMBER					
SAPETY - SERVICE - PROTECTION										
	GHTERY	CLEO								
ADDRESS: STREET, CITY, STATE, ZIP				14405	CONTACT PHONE - INCLUDE AREA CODE					
	HLAND AV MS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILI			SEATING POSITION	AIR BAG USAGE EJECTION TRAPPED				
^N 5 [⊮]					DOT-COMPLIANT MC HELMET 0 1					
OL STATE OPERATOR LICI M O	ENSE NUMBER	OFFENSE CHARGED	CODE	OFFENSE DESCRIPTION FTY Pedestriar	1	CITATION NUMBER G20230968				
O OL CLASS ENDORSEMENT R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST Type value stat	DRUG TEST(S) TUS TYPE RESULT SELECT UP TO 4				
			LCOHOL MARUUANA	11						
		DONNA	MARIE		DATE OF BIRTH					
ADDRESS: STREET, CITY, STATE, ZIP				14405 0700	CONTACT PHONE - INCLUDE AREA CODE					
	DUTH AVE EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACIL			SEATING POSITION DOT-compliant	AIR BAG USAGE EJECTION TRAPPED				
N	GHFD	METROHEA OFFENSE CHARGED								
OL STATE OPERATOR LICI M	ENSE NUMBER	OFFENSE CHARGED		JFFENSE DESCRIPTION						
O OL CLASS ENDORSEMENT R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST TYPE VALUE STAT	DRUG TEST(S) US TYPE RESULT SELECT UP TO 4				
				1 1						
MUNIT# NAME: LAST, FIRS		MIA			DATE OF BIRTH					
ADDRESS: STREET, CITY, STATE, ZIP		MIA			CONTACT PHONE - INCLUDE AREA CODE					
11022	DUTH AVE	GARFI	TY (NAME CITY) SAFETY EQU	14125 IPMENT	SEATING POSITION	AIR BAG USAGE EJECTION TRAPPED				
			USED	0 1						
OL STATE OPERATOR LICE	ENSE NUMBER	OFFENSE CHARGED	CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
		BY 1 A	LCOHOL MARUUANA	1 STATUS						
INJURIES	SEATING POSITION 1 - FRONT - LEFT SIDE	AIR BAG	OL CLASS 1 - CLASS A	OL RESTRICTION 1 - ALCOHOL INTERLOCK	(S) DRIVER DISTRACTION	TEST STATUS 1 - NONE GIVEN				
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	DEVICE 2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION	2 - TEST REFUSED				
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES 4 - FARM WAIVER	DEVICE (TEXTING, TYPING,	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	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	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	5 - M / C MOPED ONLY 6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	COMMUNICATION DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY	7 - THIRD - LEFT SIDE	5-DEPECTMENT ON NOWN	UTINO VALID OL	7 - EXCEPT TRACTOR-TRAIL	ER 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE					
1 - NOT TRANSPORTED /TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	5 - OTHER ACTIVITY WITH AN					
2 - EMS	9 - THIRD - RIGHT SIDE	EJECTION	OL ENDORSEMENT	9 - LEARNER'S PERMIT	ELECTRONIC DEVICE 6 - PASSENGER	ALCOHOL TEST TYPE				
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT	RESTRICTIONS 10 - LIMITED TO DAYLIGHT	7 - OTHER DISTRACTION INSIDE	1 - NONE				
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PARTIALLY EJECTED	M - MOTORCYCLE	ONLY 11 - LIMITED TO EMPLOYMEI	THE VEHICLE NT 8 - OTHER DISTRACTIONS OUTSIDE	2 - BLOOD				
	(NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER	12 - LIMITED - OTHER	THE VEHICLE	3 * UNINE				
SAFETY EQUIPMENT	PICK-UP WITH CAP) 12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND	9 - OTHER / UNKNOWN	4 - BREATH 5 - OTHER				
1 - NONE USED 2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	R - THREE-WHEEL MOTORCYCLE	CONTROLS, OR OTHER		3- OTTER				
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	S - SCHOOL BUS	ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ON	LY					
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES		DRUG TEST TYPE 1 - NONE				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	(NON-TRAILING UNIT)	MECHANICAL MEANS 3 - FREED BY	X - TANKER / HAZMAT	WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR		2 - BLOOD				
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS		17 - PROSTHETIC AID	CONDITION 1 - APPARENTLY NORMAL	3 - URINE				
7 - BOOSTER SEAT				18 - OTHER	2 - PHYSICAL IMPAIRMENT	4 - OTHER				
8 - HELMET USED 9 - PROTECTIVE PADS USED					3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)					
(ELBOWS, KNEES, ETC.)			GENDER		4 - ILLNESS	DRUG TEST RESULT(S) 1 - AMPHETAMINES				
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN			F - FEMALE		5 - FELL ASLEEP, FAINTED,	2 - BARBITURATES				
/ BICYCLE ONLY			M - MALE		FATIGUED, ETC.	3 - BENZODIAZEPINES 4 - CANNABINOIDS				
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS	4 - CANNABINOIDS 5 - COCAINE				
					/ ALCOHOL	6 - OPIATES / OPIOIDS				
					9 - OTHER / UNKNOWN	7 - OTHER 8 - NEGATIVE RESULTS				

OHIO DEPARTMENT OF PUBLIC SAFETY	MOTORIST / NO	ON-MOTORIS	ST									
UNIT # NAME: LAST, FIRST,		2			3 5 AGE	GENDER						
ADDRESS: STREET, CITY, STATE, ZIP		AUBREY				0 5		0 1		F		
	UTH AVE	GA	RFIELD HTS	OH 4	4125							
INJURIES TAKEN BY 1	SAGENCY (NAME)	INJURED TAKEN TO: MEDICA	L FACILITY (NAME, CITY)	SAFETY EQUIP USED		DOT-COMPLIA MC HELMET	SEATING POS	ITION AIR B	AG USAGE EJE	CTION TRAPPE		
OL STATE OPERATOR LICE	ISE NUMBER	OFFENSE CH	ARGED		FFENSE DESCRIPTION			CITAT	ION NUMBER			
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY			CONDITION	ALCOH	OL TEST VALUE	STATUS	DRUG TEST(S TYPE	RESULT SELECT UP TO 4		
UNIT # NAME: LAST, FIRST,			OTHER DRUG		L		DATE OF BI			GENDER		
	muule											
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT	PHONE - INCLUDE AREA CODE					
INJURIES INJURED EM TAKEN BY	IS AGENCY (NAME)	INJURED TAKEN TO: MEDICA	AL FACILITY (NAME, CITY)	SAFETY EQUIP	PMENT	DOT-COMPLIAN MC HELMET	SEATING POS	ITION AIR B.	AG USAGE EJEC	TION TRAPPE		
OL STATE OPERATOR LICEN	ISE NUMBER	OFFENSE CH	ARGED	LOCAL OF CODE	FFENSE DESCRIPTION			CITAT	ION NUMBER			
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTE	ED RUUANA	CONDITION	ALCOH	DL TEST VALUE	STATUS	DRUG TEST(S	RESULT SELECT UP TO 4		
			ALCOHOL MAI									
UNIT # NAME: LAST, FIRST,	MIDDLE						DATE OF BI					
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT	PHONE - INCLUDE AREA CODE	1 1				
INJURIES INJURED TAKEN BY	SAGENCY (NAME)	INJURED TAKEN TO: MEDICA	L FACILITY (NAME, CITY)	SAFETY EQUIP USED	MENT	DOT-COMPLIAN MC HELMET	SEATING POS	ITION AIR B	AG USAGE EJEC			
OL STATE OPERATOR LICEN	ISE NUMBER	OFFENSE CH	ARGED	LOCAL OI CODE	FFENSE DESCRIPTION							
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTE	ED	CONDITION	ALCOH	DL TEST VALUE	STATUS	DRUG TEST(S	RESULT SELECT UP TO 4		
			ALCOHOL MAI		∟							
INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	AIR BAG 1 - NOT DEPLOYED	OL CL 1 - CLASS A	LASS	0L RES 1 - ALCOHOL INTER DEVICE	TRICTION(S) RLOCK	DRIVER DIST 1 - NOT DISTRACTED 2 - MANUALLY OPERATIN		1 - NONE GIVEN	EST STATUS		
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE	2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		ELECTRONIC COMMU	NICATION	2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED			
- POSSIBLE INJURY	4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT / SI	DE 4 - REGULAR CLASS (O	4 - REGULAR CLASS (OHIO = D) 4 - FARM			DEVICE (TEXTING, TYPING, DIALING)		SAMPLE / UNUSABLE			
- NO APPARENT INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS		3 - TALKING ON HANDS-F		4 - TEST GIVEN, RE			
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B BUS		COMMUNICATION DEV 4 - TALKING ON HAND-HE		5 - TEST GIVEN, RE	SULTS UNKNOWN		
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)				7 - EXCEPT TRACT 8 - INTERMEDIATE		COMMUNICATION DEV					
/TREATED AT SCENE	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE				RESTRICTIONS		5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE					
2 - EMS 3 - POLICE	10 - SLEEPER SECTION OF	EJECTION 1 - NOT EJECTED	OL ENDOR H - HAZMAT	RSEMENT	9 - LEARNER'S PER RESTRICTIONS	;	6 - PASSENGER	NOIDE	ALCO 1 - NONE	HOL TEST TYPE		
- OTHER / UNKNOWN	TRUCK CAB 11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE		10 - LIMITED TO DA ONLY	AYLIGHT	7 - OTHER DISTRACTION THE VEHICLE	INSIDE	2 - BLOOD			
	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED TO EN		8 - OTHER DISTRACTION THE VEHICLE	S OUTSIDE	3 - URINE			
SAFETY EQUIPMENT	PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER		12 - LIMITED - OTH 13 - MECHANICAL I	DEVICES	9 - OTHER / UNKNOWN		4 - BREATH			
1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER		(SPECIAL BRAKE CONTROLS, OR				5 - OTHER			
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA 13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOT	FORCYCLE	ADAPTIVE DEVIC	CES)						
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE	2 - EXTRICATED BY	S - SCHOOL BUS		14 - MILITARY VEH 15 - MOTOR VEHIC				DRU 1 - NONE	JG TEST TYPE		
5 - CHILD RESTRAINT SYSTEM - EXTERIOR FORWARD FACING (NON-TRALING UNIT) 5 - CHILD RESTRAINT SYSTEM - 15 - NON-MOTORIST REAR FACING 99 - OTHER / UNINOWN		MECHANICAL MEANS	T - DOUBLE & TRIPLE T X - TANKER / HAZMAT	NAILERS	WITHOUT AIR E				2 - BLOOD			
		3 - FREED BY NON-MECHANICAL MEANS			17 - PROSTHETIC A		CONDI 1 - APPARENTLY NORMA		3 - URINE			
7 - BOOSTER SEAT	35 * OTHER / UNKNOWN				18 - OTHER		2 - PHYSICAL IMPAIRMEN		4 - OTHER			
8 - HELMET USED							3 - EMOTIONAL (E.G. DEP	RESSED,				
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			GENI	DER			ANGRY, DISTURBED)			TEST RESULT(S)		
10 - REFLECTIVE CLOTHING			F - FEMALE				4 - ILLNESS		1 - AMPHETAMINE 2 - BARBITURATES			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE				5 - FELL ASLEEP, FAINTE FATIGUED, ETC.	:D,	3 - BENZODIAZEPI	NES		
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN				6 - UNDER THE INFLUEN		4 - CANNABINOIDS 5 - COCAINE			
							MEDICATIONS / DRUGS / ALCOHOL	3	5 - COCAINE 6 - OPIATES / OPIC	IDS		
							9 - OTHER / UNKNOWN		7 - OTHER			
									8 - NEGATIVE RES	ULTS		

ſ		ſ	LOCAL REPORT NUMBER													
C	SAPETY - SET	RVICE · PROTECTION	OCCUPANT / WIT					2 0 2 3	1 7	3	5	I				
	UNIT #	NAME: LAST, FI	RST, MIDDLE					DATE	OF BIRTH			A	GE	GENDER		
OCCUPANT	ADDRESS: STREE	ET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE											
0001			•		SEATING POSITION AIR BAG USAGE EJECTION TRAPPED											
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMEN USED	т	DOT-COMPLIANT MC HELMET	SEATING POSIT	ION	AIR BAG USAG	E EJI	CTION	TRAPPED		
													GE	GENDER		
	UNIT#	NAME: LAST, FIF	RST, MIDDLE													
ANT	ADDRESS: STREE	ET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE	AREA CODE										
OCCUPANT												1				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	DOT-COMPLIANT	SEATING POSIT	ION	AIR BAG USAG	E EJI	CTION	TRAPPED				
								MC HELMET								
	UNIT #	NAME: LAST, FIF	RST, MIDDLE					DATE	of Birth			A	GE	GENDER		
F														L		
OCCUPANT	ADDRESS: STREE	ET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE	AREA CODE							
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMEN	т		SEATING POSIT		AIR BAG USAG	E EJI	CTION	TRAPPED		
		TAKEN BY				USED		DOT-COMPLIANT MC HELMET								
F	UNIT #	NAME: LAST, FIF	RST. MIDDLE					DATE	OF BIRTH				GE	GENDER		
										I				1		
PANT	ADDRESS: STREE	ET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE	AREA CODE				•						
OCCUPANT																
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMEN USED	т	DOT-COMPLIANT	SEATING POSIT	ION	AIR BAG USAG	E ^{EJI}	CTION	TRAPPED		
								MC HELMET								
	1 - FATAL 2 - SUSPECTED SE		JURIES	1 - NONE USED VEHICLE OC		1 - FRONT - LEFT SIDE (N 2 - FRONT - MIDDLE	SEATIN MOTORCYCL	I G POSITION Le Driver)		- NOT DEPL	LOYED	AG USA	BE			
	3 - SUSPECTED MI 4 - POSSIBLE INJU	INOR INJURY			BELT ONLY USED	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		CLE PASSENGER)	PLOYED FRONT PLOYED SIDE PLOYED BOTH FRONT/SIDE							
	5 - NO APPARENT			4 - SHOULDER	& LAP BELT USED RAINT SYSTEM -	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE			5	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN						
				FORWARD F		7 - THIRD - LEFT SIDE (M 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	OTORCYCLI	E SIDE CAR)	g.							
				REAR FACIN	3	10 - SLEEPER SECTION O 11 - PASSENGER IN OTH	ER ENCLO	SED CARGO AREA		EUECTION 1 - NOT EJECTED						
	1 - NOT TRANSPO	ORTED /	D TAKEN BY	8 - HELMET US 9 - PROTECTIV	Ð	(NON-TRAILING UNIT, B 12 - PASSENGER IN UNE										
	TREATED AT S 2 - EMS	SCENE		(ELBOWS, KM 10 - REFLECTIV	EES, ETC.)	13 - TRAILING UNIT 14 - RIDING ON VEHICLE (NON-TRAILING UNIT)			1							
	3 - POLICE 9 - OTHER / UNKN	NOWN		11 - LIGHTING - / BICYCLE Of	PEDESTRIAN	15 - NON-MOTORIST 99 - OTHER / UNKNOWN				2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED						
				99 - OTHER / UI				4 - NOT APPLICABLE								
		G	ENDER													
	F - FEMALE M - MALE															
	U - OTHER/UNKNO	ИМО								- NOT TRAF	PPED	RAPPED				
											TED BY MECHANIO Y NON-MECHANIC					
													-			
SS	NAME: LAST, FIRST, JOHNSC		JAME	KA	S					9 8	2	AGE				
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP 15300 NORTHWOOD AVE MAPLE HTS OH 44137								LUDE AREA CODI	<u> </u>		<u> </u>		I		
ESS	IAME: LAST, FIRST, MIDDLE BUSSEY-ZMINA ROSEANN M															
WTNES	BUSSEY-ZMINA ROSEANN M ADDRESS: STREET, CITY, STATE, ZIP							L 1 1 6 1 9 6 6 1 1 F CONTACT PHONE - INCLUDE AREA CODE								
	9909 SLADDEN AVE GARFIELD HTS OH 44125															
ŝŝ	NAME: LAST, FIRST,	NAME: LAST, FIRST, MIDDLE							OF BIRTH	T		AGE		GENDER		
WITNESS	ADDRESS: STREET								LUDE AREA CODE							
	AUUNESS. SIREEI, UIT, SIAIE, ΔP								CONTACT PHONE - INCLUDE AREA CODE							
								-					PAGE	OF		



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20231735	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 06 D 29 Y 2023										
IN COUNTY OF 18	CRASH LOCATION	M 00 D 29 1 2023										
Driver of Unit # 1 stated, he did not see anybody.												
	Witness stated, Unit # 3 , # 4 appeared to be brushed to the side and Unit # 2 was "ra											
n over."												
A witness statement from Johnson is included with report.												
Shell provided a surveillanc	e video , that was to the OIC phone and includeo	1 with										
report.												
OFFICER'S SIGNATURE BADGE NUMBE X 037												