OF PUBLIC SAFETY OF PUBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER *				
			2 0 2 3 1 7 6 5									
PHOTOS TAKEN     OH-2     OH-3     GET GO     SECONDARY CRASH     OH-1P     OTHER     REPORTING AGENCY NAME*     IO 1 1 8 2 0							HIT/SKIP 1 - Solved					
GARFIELD HEIGHTS							2 - Unsolved CRASH DA		CRASH SEVERITY			
	1- CITY * 2- VILLAGE * 2- VILLA											
	3 - TOWNSHIP*			ON ROAD NAME		ROAD TYPE	0 7 0 2 2 0 2	SUSPECTED				
	ROUTE NUMBER	FREFIX	2 - SOUTH 3 - EAST 4 - WEST			KOADTIFE		3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE				
ROUTE TYPE	ROUTE NUMBER	PREFIX							5 - PROPERTY DAMAGE ONLY			
			2 - SOUTH 3 - EAST 4 - WEST 5637	ERENCE ROAD NAME (ROAD, MILEPOST	, HOUSE #)							
REFERENCE POINT	DECEDENCE						INTERSECTION RELATED					
3 - HOUSE #	4 1 - NORTH 2 - SOUTH 3 - EAST		STATE ROUTE (TP) RAL US ROUTE E ROUTE	AV - AVENUE LA BL - BOULEVARD M	- LANE P - MILEPOST	RD - ROAD SQ - SQUARE ST - STREET		CTION OR ON APPROACH				
DISTANCE	distance	CR - NUME TR - NUME	BERED COUNTY ROUTE BERED TOWNSHIP	CT - COURT PE DR - DRIVE PI	- PARKWAY - PIKE	TE - TERRACE TL - TRAIL WA - WAY	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
	2 - Feet 3 - Yards	ROUT	E	HE - HEIGHTS PL	- PLACE		ROADWAY					
				MANNER OF CRASH COLLIS	SION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE			
999 1- ON ROAE 2- ON SHOU 3- IN MEDIA	ULDER 10 - DRIVEWAY AN ACCESS	/ ALLEY	1 - NOT COLLIS BETWEEN TWO MOTO	5 - BACKING	REAR		1 - NORTH	1 - DIVIE (<4 F	DED FLUSH MEDIAN			
4 - ON ROAE 5 - ON GORE 6 - OUTSIDE	E CROSSING E 12 - SHARED US	SE PATHS	VEHICLES I TRANSPOR 2 - REAR-END	N 6 - ANGLE T 7 - SIDESWIF	E, SAME DIRECTION		2 - SOUTH 3 - EAST 4 - WEST	2 - DIVIE (≥4 F	ED FLUSH MEDIAN			
TRAFFIC 7 - ON RAM 8 - OFF RAM	P 13 - BIKE LANE MP 14 - TOLL BOOT	н	2 - REAR-END 3 - HEAD-ON	9 - OTHER / I	1			4 - DIVIE (ANY	JED, DEPRESSED MEDIAN DED, RAISED MEDIAN TYPE) ER / UNKNOWN			
	99 - OTHER / UM	IKNOWN						9 - OTH				
	I	WORK ZON	E TYPE	LOCATION O	F CRASH IN WORK ZOP	IE	CONTOUR	CONDITIONS	SURFACE			
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT	2 - L	ANE CLOSURE ANE SHIFT/CROSS VORK ON SHOULDE	OVER	1 - BEFO WARN	RE THE 1ST WORK ZON ING SIGN NCE WARNING AREA		1	2	2			
PRESENT		OR MEDIAN		3 - TRAN 4 - ACTIV	SITION AREA		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
ACTIVE SCHOOL ZONE	5-0	THER					2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW 4 - ICE	2 - BLACKTOP, BITUMINOUS, ASPHALT			
LIGHT 1 - DAYLIGHT	T CONDITION		1 - CLEAR	WEATHER 6 - SNOW			4 - CURVE GRADE 9 - OTHER /UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE			
2 - DAWN/DUSK 3 - DARK - LIGHT	ED ROADWAY WAY NOT LIGHTED	4	2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN	7 - SEVERE CROSS 8 - BLOWING SAND,				MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	5 - DIRT 9 - OTHER /UNKNOWN			
	OWN ROADWAY LIGHTING	4	5 - SLEET, HAIL	99 - OTHER / UNKNO								
NARRATIVE												
UNIT 2 PARKED AT PUMP #11 AT GET GO GAS STATION								Indicate the north direction with an "N" on the				
WHEN DRIVER OF UNIT #1 GOT INTO HIS VEHICLE AND								compass diagram.				
BACK OUT OF	F THE PARKIN	G SPOT	AND STRUCK	UNIT#								
			IT #2 HAD MIN		 							
			MPER. UNIT.#1									
	-	-										
UNIT #1 WAS ABLE TO BRIEFLY FOLLOW THE VEHICLE												
CRASH REPORTED DATE/TIME DISPATCH DATE/TIME ARRIVAL DATE/TIME					SCENE CLEAR	ED DATE/TIME	REPORT TAKEN BY					
0 7 0 2 2 0 2			2 2 0 2 3   1 1	5 7  0 7 0 2	2023		<u> 0 7 0 2 2 0 2</u>	2 3   1 2 1 5	POLICE AGENCY MOTORIST			
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME * J. Holiday			CHECKED BY O	vy OFFICER'S NAME*					
	OFFICER'S BADGE NUMBER'						CHECKED BY OFFICER'S BADGE NUMBER*					
U								PAGE OF				

				1		LOCAL REPORT NUMBER	
OF PUBLIC SAFETY VALUE V A SERVICE - PROTECTION					2_0_2_3_1		
UNIT # OWNER NAME: LAST, FIRST, MIDDLE	OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver)			( 🛛 Same As Driver)	DAMAGE DAMAGE SCALE		
OWNER ADDRESS: STREET, CITY, STATE, ZIP	( 🔲 Same As Driver)	)			1 - NONE	3 - FUNCTIONAL DAMAGE	
OWNE		9 2 - MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		E AREA CODE					
LP STATE LICENSE PLATE #	VEHICL	E IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE		DAMAGED AREA(S) INDICATE ALL THAT APPLY	
		7   9   E  G 3  1   5  1 SURANCE POLICY#			11 12 1	11 12 1	
	ing and a second s	SURANCE POLICI #	VEHICLE COLOR GRY	VEHICLE MODEL Optima			
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	-	9 9 3	$3 \qquad 9 \qquad 9 \qquad 3 \qquad 3$	
		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS				
DEVICE HIT/SKIP UNIT	0_1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL RELEASED     PLACARD	CLASS # PLACARD ID #	7 6 5		
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)		- SNOWMOBILE 1	8 - LIMO (LIVERY VEHICLE) 9 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE)	10		
0 1 3 - SPORT UTILITY VEHICLE 4 - PICK UP	9 - AUTOCYCLE 14 10 - MOPED OR MOTORIZED 15	- SINGLE UNIT TRUCK 2 - SEMI-TRACTOR 2	0 - OTHER VEHICLE 1 - HEAVY EQUIPMENT 2 - ANIMAL WITH RIDER OR	25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN	9	9 3 3	
UNIT TYPE 5 - CARGO VAN 6 - VAN (9-15 SEATS)		- FARM EQUIPMENT 2 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	a		
별 이 문   # of TRAILING UNITS					11 12 1	7 6 5 12 1	
			A	0 UNIQUONA:			
WAS VEHICLE OPERATING IN AUTONOM WHEN CRASH OCCURED?		NO AUTOMATION DRIVER ASSISTANCE PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	9 9 3	3 9 9 3 3	
2 1 - YES 2 - NO 9 - OTHER / UNKNOW	VN MODE LEVEL	- FIRE	5 - FULL AUTOMATION 16 - FARM	21 - MAIL CARRIER			
0 1 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	7 - BUS - INTERCITY 12 8 - BUS - SHUTTLE 13	- FIRE - MILITARY - POLICE - PUBLIC UTILITY	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING	21 - MAIL GARRIER 99 - OTHER /UNKNOWN	7 6 5	7 6 5	
SPECIAL 5 - BUS-TRANSIT/COMMUTER	10 - AMBULANCE 15	- CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL			12 12 12	
0 1 1 - NO CARGO BODY TYPE		INTERMODAL CONTAINER CHASSIS	8 - POLE 9 - CARGO TANK	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER	12		
CARGO BODY TYPE	4 - LOGGING 6 -	CARGO VAN/ENCLOSED BOX GRAIN/CHIPS/GRAVEL	10 - FLAT BED 11 - DUMP	14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	, , , ,	9 📲 3 9 🗱 3	
1 - TURN SIGNALS		WORN OR SLICK TIRES	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR	99 - OTHER / UNKNOWN	6		
2 - HEAD LAMPS VEHICLE 3 - TAIL LAMPS DEFECTS		TRAILER EQUIPMENT DEFECTIVE	ACCIDENT			6 6 6	
MARKED CROSSWALK	4 - MIDBLOCK - MARKED 7 -	BICYCLE LANE SHOULDER/ROADSIDE SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE [0]	UNDERCARRIAGE [14]  ALL AREAS [15]	
INDR-MOTORIST 2 - INTERSECTION - LOCATION AT UNMARKED IMPACT CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION	SIDEWALK	TRAILS		_	VIT NOT AT SCENE [16]	
		MAKING U-TURN ENTERING TRAFFIC LANE	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING	I	NITIAL POINT OF CONTACT	
4-STRUCK PRE-CRASH	4 - OVERTAKING/PASSING 10 -	LEAVING TRAFFIC LANE - PARKED	SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE	1 5 <sup>0-NO DAMAGE</sup>		
ACTION 5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	- SLOWING OR STOPPED IN TRAFFIC - DRIVERLESS	16 - WORKING 17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN	1-12 - REFER T DIAGRAM 13 - TOP		
9 - OTHER / UNKNOWN			II - TOGNING VEHICLE		13 - 10P		
		IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC TRAFFIC CONTROL	
3 - RAN RED LIGHT 4 - RAN STOP SIGN	CLOSE/ACDA 14 - 9 - IMPROPER LANE	STOPPED OR PARKED ILLEGALLY	EQUIPMENT 19 - LOAD SHIFTING/	22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN	
5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 16 -	SWERVING TO AVOID WRONG WAY	FALLING/SPILLING 20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	2 2 - TWO-WAY	6 3 - FLASHER 6 - NO CONTROL	
CONTRIBUTING CIRCUMSTANCES	12 - IMPROPER BACKING				# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING	
						1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING	
				22 . WORK ZOME	2	3 - INVOLVED - PASSIVE CROSSING	
0.1	7 - SEPARATION OF UNITS	CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER	22 - WORK ZONE MAINTENANCE EQUIPMENT	U	NIT / NON-MOTORIST DIRECTION	
5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 13 -	DOWNHILL RUNAWAY OTHER NON-COLLISION PEDESTRIAN	19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN		1 - NORTH 5 - NORTHEAST	
		PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST	
3	c	OLLISION WITH FIXED OBJECT - :	STRUCK	OBJECT	FROM 3 TO	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
		TRAFFIC SIGN POST OVERHEAD SIGN POST	43 - CURB 44 - DITCH	50 -WORKZONE MAINTENANCE EQUIPMENT	UNIT SPEED		
26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER 39 - 34 - MEDIAN GUARDRAIL 40 -	LIGHT/LUMINARIES SUPPORT UTILITY POLE	45 - EMBANKMENT 46 - FENCE	51 - WALL 52 - BUILDING 53 - TUNNEL	5 0. 220	DETECTED SPEED	
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE	OTHER POST, POLE OR SUPPORT CULVERT	47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	0	3 1 - STATED/ESTIMATED SPEED	
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER			·	DOOTED OPERA	2 - CALCULATED / EDR 3 - UNDETERMINED	
6					POSTED SPEED		
2	2 MOST H	HARMFUL EVENT			1 5		
HSY8304 OH1U 1/19 [760-0820]						PAGE OF	

OF	HIO DEPAI							
	ETT · SERVICE ·	PROTECTION		r			2,0,2,3,1	I   7   6   5
UNIT#	OWNE	R NAME: LAST, FIRST, MIDDLE	(□ Sa	me As Driver)	OWNER PHONE: INCLUDE AREA CODE	( 🛛 Same As Driver)		DAMAGE DAMAGE SCALE
OWNER ADDR	ESS: STREET	, CITY, STATE, ZIP	( 🔲 Same As I		2 <sup>1 - NONE</sup> 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN		
COMMERCIAL C	ARRIER: NAM	IE, ADDRESS, CITY, STATE, ZIP		T	COMMERCIAL CARRIER PHONE: INCL	UDE AREA CODE		
								DAMAGED AREA(S)
LP STATE		SE PLATE #		/EHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE		INDICATE ALL THAT APPLY
LO H	JM	C9833 Tinsurance company		$\frac{12}{10} \frac{2}{10} \frac{1}{10} $			11 12 1	11 12 1
	URANCE	SHELTER		34-1-105786467	VEHICLE COLOR 7 BLU	VEHICLE MODEL Corona	10	
		TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		9 9 3	
	RCIAL	GOVERNMENT		VEHICLE WEIGHT GVWR/GCWR	I			
		HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS.	HAZARDO	US MATERIAL CLASS # PLACARD ID #		
EQUIPP				2 - 10,001 - 26K LBS. 3 - >26K LBS.	PLACARD		6 5	
	1 - PASSE 2 - PASSE	NGER CAR NGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE)	10	
0 1		UTILITY VEHICLE	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT	25 - OTHER NON- MOTORIST 26 - BICYCLE	9	9 9 3 3
UNIT TYPE	E CARCO	VAN	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
щ		=,	(ATV / UTV)				8	7 <b>5</b> 12
VEHIC	# OF TRA	ILING UNITS					11 12 1	6 11 12
					2. CONDITIONAL			
0		CLE OPERATING IN AUTONO ASH OCCURED?	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	9 9 3	3 9 9 3 3
	1 - YES	2 - NO 9 - OTHER / UNKNO	VN AUTONOMOU MODE LEVEL	· · · · ···	5 - FULL AUTOMATION			
0 1	1 - NONE 2 - TAXI		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11 - FIRE 12 - MILITARY	16 - FARM 17 - MOWING	21 - MAIL CARRIER 99 - OTHER /UNKNOWN		
	4 - SCHOOL	DNIC RIDE SHARING TRANSPORT NSIT/COMMUTER	8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		6	6
FUNCTION	5-BUS-IRA	INSTITUTION INTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETT SERVICE PATROL			12 12 12
0 1	1 - NO CAR	GO BODY TYPE PLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE 9 - CARGO TANK	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER		A 📩 🚍
CARGO BOD	2 - BUS	FLICABLE	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED 11 - DUMP	14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	, <b>V</b> ,	9 🖋 - 3 9 🕶 3 9 😻 3
TYPE								T D
VEHICLE	1 - TURN SI 2 - HEAD LA 3 - TAIL LAN	MPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN	Ŭ	6 6 6
DEFECTS	1 - INTERSE		3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER		-
NON-MOTORIST	MARKED	ALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE [0]	- UNDERCARRIAGE [14]     - ALL AREAS [15]
LOCATION AT IMPACT	2 - INTERSE UNMARK CROSSW	ED	5 - TRAVEL LANE-OTHER LOCATION	0- SIDEWALK	TRAILS			JNIT NOT AT SCENE [16]
	1 - NON-CO	NTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	1	INITIAL POINT OF CONTACT
4	2 - NON-CO 3 - STRIKINO	1.0	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING 20 - OTHER NON-MOTORIST		
ACTION	4 - STRUCK 5 - BOTH ST	PRE-CRASH ACTION	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	1 1 0 - NO DAMAO 1-12 - REFER	
	& STRUC 9 - OTHER /	к	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WORKING 17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN	DIAGRA 13 - TOP	M 99 - UNKNOWN
	3- OTHER I							
	1 - NONE		7 - LEFT OF CENTER	13 - IMPROPER START FROM	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC TRAFFIC CONTROL
	2 - FAILURE 3 - RAN RED		8 - FOLLOWING TOO CLOSE/ACDA	A PARKED POSITION 14 - STOPPED OR PARKED	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNABLE 23 - OPENING DOOR INTO		1 - ROUNDABOUT 4 - STOP SIGN
1011	4 - RAN STO 5 - UNSAFE	SPEED	<ol> <li>IMPROPER LANE CHANGING</li> <li>IMPROPER PASSING</li> </ol>	ILLEGALLY 15 - SWERVING TO AVOID	19 - LOAD SHIFTING/ FALLING/SPILLING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY	1 6 2 - SIGNAL 5 - YIELD SIGN
	6 - IMPROPE	R TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	ACTION		3 - FLASHER 6 - NO CONTROL
CONTRIBUTING	8						# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED
(S)								1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING
SEQUENCE OF	FEVENTS			EVENTS			_2_	3 - INVOLVED - PASSIVE CROSSING
<sup>1</sup> 2 0	1 - OVERTUR 2 - FIRE/EXP	N/ROLLOVER	6 - EQUIPMENT FAILURE 7 - SEPARATION OF	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE		
	3 - IMMERSI 4 - JACKKNIF	N	UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY	18 - ANIMAL - DEER 19 - ANIMAL - OTHER	EQUIPMENT 23 - STRUCK BY FALLING, SHIETING CARCO OR		UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST
2	5 - CARGO / LOSS OR	EQUIPMENT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST
				15 - PEDALCYCLE	21 - PARKED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVABLE	FROM	3 - EAST 7 - SOUTHEAST
<sup>3</sup> L				COLLISION WITH FIXED OBJECT	- STRUCK	OBJECT	FROM TO	4 - WEST 8 - SOUTHWEST
		ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 -WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN
4	/ CRASH 26 - BRIDGE	CUSHION OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED
	STRUCT 27 - BRIDGE 28 - BRIDGE	PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR	46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT		1 1 014150/00104750 00550
5	29 - BRIDGE	RAIL	35 - MEDIAN CONCRETE BARRIER	SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		2 - CALCULATED / EDR
	30 - GUARDF	INIE FAUE	36 - MEDIAN OTHER BARRIER					3 - UNDETERMINED
<sup>6</sup>							POSTED SPEED	
1			٨				1 5	
		IARMFUL EVENT		IOST HARMFUL EVENT				PAGE OF
HSY8304 OH1U 1/19	[/0U-U820]							PAGE UF

OHIO DEPARTMENT	MOTORIST / N	LOCAL REPORT NUMBER				
BAPETY - SERVICE - PROTECTION		2 0 2 3 1 7 6 5				
M UNIT # NAME: LAST, FIRS			ige gender 9   M			
R ADDRESS: STREET, CITY, STATE, ZIP		TERRENCE	ANDREW		CONTACT PHONE - INCLUDE AREA CODE	
T 10590 PEARL	- RD MS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACIL			SEATING POSITION AIR BAG USAGE	EJECTION TRAPPED
<sup>N</sup> 5 <sup>⊮</sup> 1						
OL STATE     OPERATOR LICI M     O     I     I	ENSE NUMBER	OFFENSE CHARGED	CODE	OFFENSE DESCRIPTION	CITATION NUMBER	
OL CLASS ENDORSEMENT R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST DRUG TYPE VALUE STATUS TYPE	RESULT SELECT UP TO 4
			ALCOHOL MARUUANA OTHER DRUG	1		
		TONI				ge gender
R ADDRESS: STREET, CITY, STATE, ZIP		-			CONTACT PHONE - INCLUDE AREA CODE	
S 4368 E 154 S 7 INJURIES INJURED E	ST EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACIL			SEATING POSITION AIR BAG USAGE	EJECTION TRAPPED
<sup>N</sup> <u>5</u> <u>1</u>						
OL STATE     OPERATOR LICE M     O     O     O     O	ENSE NUMBER	OFFENSE CHARGED		OFFENSE DESCRIPTION	CITATION NUMBER	
O OL CLASS ENDORSEMENT R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST DRUG TYPE VALUE STATUS TYPE	TEST(S) RESULT SELECT UP TO 4
s T			ALCOHOL MARUUANA	1 1		
M UNIT # NAME: LAST, FIRS O T	ST, MIDDLE				DATE OF BIRTH A	GE GENDER
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE	
S T / INJURIES INJURED TAKEN E	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY) SAFETY EQ	NIPMENT	SEATING POSITION AIR BAG USAGE	EJECTION TRAPPED
			USED			
OL STATE OPERATOR LICE M O I I I I	ENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER	ï
T O OL CLASS ENDORSEMENT R	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST DRUG I TYPE VALUE STATUS TYPE	TIESTI(S) RESULT SELECT UP TO 4
		· · · · ·	ALCOHOL MARUUANA			
INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	AIR BAG 1 - NOT DEPLOYED	OL CLASS 1 - CLASS A	OL RESTRICTION	S) DRIVER DISTRACTION 1 - NOT DISTRACTED 1 - NONE GIV	TEST STATUS Ven
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE	2 - CLASS B 3 - CLASS C	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN 2 - TEST REF ELECTRONIC COMMUNICATION 3 - TEST GIV	FUSED
4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	3 - CORRECTIVE LENSES 4 - FARM WAIVER		UNUSABLE
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A	3 - TALKING ON HANDS-FREE	'EN, RESULTS KNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	& CLASS B BUS 7 - EXCEPT TRACTOR-TRAILE	4 - TALKING ON HAND-HELD	EN, NEODERO ONIMONIN
1 - NOT TRANSPORTED	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN	
/TREATED AT SCENE 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 P - PASSENGER	ONLY 11 - LIMITED TO EMPLOYMEN	THE VEHICLE 2 - BLOOD IT 8 - OTHER DISTRACTIONS OUTSIDE 3 - URINE	
	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED 4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER 13 - MECHANICAL DEVICES	THE VEHICLE 9 - OTHER / UNKNOWN 4 - BREATH	
SAFETY EQUIPMENT 1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER	(SPECIAL BRAKES, HAND	5-OTHER	
2 - SHOULDER BELT ONLY USED	CARGO AREA	TRAPPED 1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	CONTROLS, OR OTHER ADAPTIVE DEVICES)		
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	2 - EXTRICATED BY	S - SCHOOL BUS	14 - MILITARY VEHICLES ONL 15 - MOTOR VEHICLES	Y 1 - NONE	DRUG TEST TYPE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	EXTERIOR (NON-TRAILING UNIT)	MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR	1 - NUNE 2 - BLOOD	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS		17 - PROSTHETIC AID	CONDITION 1 - APPARENTLY NORMAL 3 - URINE	
7 - BOOSTER SEAT	STOTIER/ UNKNOWN			18 - OTHER	2 - PHYSICAL IMPAIRMENT 4 - OTHER	
8 - HELMET USED 9 - PROTECTIVE PADS USED					3 - EMOTIONAL (E.G. DEPRESSED,	
(ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING			GENDER		ANGRY, DISTURBED) 4 - ILLNESS 1 - AMPHET/	DRUG TEST RESULT(S) AMINES
11 - LIGHTING - PEDESTRIAN			F - FEMALE		5 - FELL ASLEEP, FAINTED, 2 - BARBITU	RATES
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			M - MALE U - OTHER/UNKNOWN		FATIGUED, ETC. 3 - BENZODI 4 - CANNABI	
			o onedonidom		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS 5 - COCAINE	:
					/ ALCOHOL 6 - OPIATES 7 - OTHER	/ OPIOIDS
					9 - OTHER / UNKNOWN 8 - NEGATIV	E RESULTS

22. 0.12.1.3.1.7.7.6.5.1     and other and and an analysis       22. 0.12.1.3.1.7.7.6.5.1     and other and analysis       23. 0.12.1.3.7.7.6.5.1     and other analysis       24. 0.12.1.3.7.7.6.5.1     and other analysis       25. 0.12.1.3.7.7.6.5.1     and other analysis       25. 0.12.1.3.7.7.7.6.5.1     and other analysis       25. 0.12.1.7.7.7.6.5.1     and other analysis       25. 0.12.1.7.7.7.6.5.1     and other analysis       25. 0.12.1.7.7.7.7.6.5.1     and other analysis	OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER						
International and international andinternatintere and international and international and								2 0 2 3 1 7 6 5					
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER				
	ADDRESS: street, city, state, zip								E AREA CODE				
MARE	000							EJECTION					
International and the second secon		INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SEATING POSITION	AIR BAG	JSAGE	EJECTION	IRAPPED
Image:								DAT				AGE	GENDER
			NAME: LASI, FI	(ST, MIDDLE						1 1			
	ADDRESS: STREET, CITY, STATE, ZIP								E AREA CODE	1 1			1 <b>  </b> 1
Notes         Notes         Notes         Notes         Notes         Notes           Notes         Notes         Notes         Notes         Notes         Notes         Notes         Notes           Notes         Notes         <	occu												
With Use Address yours     Add of With M.     Add of With M.       With Use Address yours     Califord Million Address yours     Califord Million Address yours       With Use Address yours     Market Million Address yours     Califord Million Address yours       With Use Address yours     Market Million Address yours     Califord Million Address yours       With Use Address yours     Market Million Address yours     Califord Million Address yours       With Use Address yours     Market Million Address yours     Califord Million Address yours       Market Million Address yours     Market Million Address yours     Califord Million Address yours       Market Million Address yours     Market Million Address yours     Califord Million Address yours       Market Million Address yours     Market Million Address yours     Califord Million Address yours       Market Million Address yours     Market Million Address yours     Califord Million Address yours       Market Million Address yours     Market Million Address yours     Califord Million Address yours       Market Million Address yours     Market Million Address yours     Califord Million Address yours       Market Million Address yours     Market Million Address yours     Califord Million Address yours       Market Million Address yours     Market Yours     Califord Million Address yours       Market Million Address yours     Market Yours     Califord Million Address yours   <		INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		DOT-COMPLIANT	SEATING POSITION	AIR BAG	JSAGE	EJECTION	TRAPPED
UNIT         LUE: US / REURING:         US / STAIN           AMARES         Description:         Control mann           AMARES         Description:         Description:           AMARES         Description:         Description:           AMARES         Description:         Description:           AMARES         Description:         Description:           AMARES         Description:         Descriptio								MC HELMET					
Autor Marker Marke		UNIT #	NAME: LAST, FIF	RST, MIDDLE				DAT	E OF BIRTH			AGE	GENDER
Autor Marker Marke	F												
NURSE		ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUD	E AREA CODE				
Interfer     Interfer     Interfer     Interfer     Interfer       Interfer     Interfer     Interfer     Interfer       Interfer     Interfer       Interfer     Interfer <th>8</th> <th>INJURIES</th> <th>INJURED</th> <th>EMS AGENCY (NAME)</th> <th></th> <th>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</th> <th>SAFETY EQUIPMENT</th> <th></th> <th>SEATING POSITION</th> <th>AIR BAG</th> <th>JSAGE</th> <th>EJECTION</th> <th>TRAPPED</th>	8	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG	JSAGE	EJECTION	TRAPPED
ADDR: COL, NO, N, MAX.         ADDR: COL, NO, N, MAX.<		1				,,,						1 1	1 1
Modeling instrumentation       Control Finder       Control Finder       Control Finder         Number       Number       Control Finder       Set of Control Finder       Set of Control Finder         Number       Number       Control Finder       Set of Control Finder       Set of Control Finder         Number       Number       Set of Control Finder       Set of Control Finder       Set of Control Finder         Number       Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder         Number       Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder         Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder         Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder         Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder         Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder         Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control Finder       Set of Control F	F	UNIT #						DAT				AGE	GENDER
Market													
Market	PANT	ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
Total of the state         Description         Description <thdescription< th=""></thdescription<>	occu												
I -ARAIL       Serier entralised user		INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SEATING POSITION	AIR BAG	JSAGE	EJECTION	TRAPPED
1 - TADAL       1 - ROUTE (1000-000-011       1								MC HELMET					
Part Control Provided Pro		1 - FATAL	IN	JURIES			1 - FRONT - LEFT SIDE (MOTORCY	ING POSITION CLE DRIVER)		DEPLOYED	IR BAG L	ISAGE	
<ul> <li>MODEL RUNT</li> <li>M</li></ul>		3 - SUSPECTED MI	INOR INJURY		2 - SHOULDER	BELT ONLY USED	3 - FRONT - RIGHT SIDE	YCLE PASSENGER)	3 - DEP	- DEPLOYED SIDE			
I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL     I - NOT TRAVERSON AND CALL       I -					4 - SHOULDER	& LAP BELT USED	5 - SECOND - MIDDLE			5 - NOT APPLICABLE			
INVOLUE TAKE BY					FORWARD F	ACING	8 - THIRD - MIDDLE	CLE SIDE CAR)	9 - DEP				
NUME: LAST, MEX.       Description         1 - NOT TRANSPORTED/ TRATED AT SCREE       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF         2 - EXE       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF         3 - FOLCE       9 - OTHER/LINER/OFF         6 - OTHER/LINER/OFF       0 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF         0 - OTHER/LINER/OFF       0 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF         0 - OTHER/LINER/OFF       0 - OTHER/LINER/OFF       0 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF       9 - OTHER/LINER/OFF         0 - OTHER/LINER/OFF       0 - OTHER/LINER/OFF       1 - OTHER/LINER/OFF       1 - OTHER/LINER/OFF       1 - OTHER/LINER/OFF         0 - OTHER/LINER/OFF       0 - OTHER/LINER/OFF       1 - OTHER/LINER/OFF       1 - OTHER/LINER/OFF       1 - OTHER/LINER/OFF         0 - OTHER/LINER/OFF       0 - OTHER/LINER/OFF       0 - OTHER/LINER/OFF       1 - OTHER/LINER/OFF       1 - OTHER/LINER/OFF         0 - OTHER/LINER/LINER/LINER/LINER/LINER/LINER/LINER/LINER/LINER/LINER/LINER/LINER/LINER/LIN					REAR FACIN	3	10 - SLEEPER SECTION OF TRUC						
1 - BON DATA SOLICE       (ELBOYS, NEES, ETC.)       (1 - ROUGE ON VEHICLE EXTENSION (NON TRAILARD IN TOTAL TOTAL OF A STATUS ON VEHICLE EXTENSION 3 - FOLDER       1 - NOT ELECTED       1 - NOT ELECTED         3 - FOLDE       1 - JUSTING - FERSICENT (CONVENIC)       1 - NOT ELECTED       2 - PARTIALLY ELECTED         3 - FOLDE       1 - MOTER / UNKIOWN       1 - NOT ELECTED       2 - PARTIALLY ELECTED         9 - OTHER / UNKIOWN       9 - OTHER / UNKIOWN       9 - OTHER / UNKIOWN       1 - NOT APPLICABLE         MARKEE LETC.)         MARKEE LETC.)         MARKEE LETC.)         1 - NOT HER/ UNKIOWN		1 - NOT TRANSPO		D TAKEN BY	8 - HELMET US	ED	(NON-TRAILING UNIT, BUS, PICK- 12 - PASSENGER IN UNENCLOSE	UP WITH CAP)					
3 - POLOE     3 - OTHER / UNROWN     3 - OTHER / UNROWN     4 - DETER / UNROWN     5 - OTHER / UNROWN     5 -			SCENE		(ELBOWS, KM	IEES, ETC.)	14 - RIDING ON VEHICLE EXTERIO	R	1 - NOT	EJECTED	EJECTI	ON	
OSINDER       9OTHER UNNOWN         IREALE      NOT APPLOALE         IVOTHERUNNOWN       INOT TAPPED         INOT TAPPED			NOWN		11 - LIGHTING -	PEDESTRIAN	15 - NON-MOTORIST	2 - PARTIALLY EJECTED					
P FEMALE       M - MALE         U - OTHERUINKIOWN       I - NOT TRAPPED         2. EXTRCATED BY MODILE       I - NOT TRAPPED         MAME: LAST, RIBST, MIDDILE       NATHAN         MAME: LAST, RIBST, MIDDILE       NATHAN         ADDRESS: STREET, CITY, STATE, 2P       ONTACT PHONE - INCLUDE AREA CODE         MAME: LAST, FIRST, MIDDILE       DATE OF BIRTH         ADDRESS: STREET, CITY, STATE, 2P       ONTACT PHONE - INCLUDE AREA CODE         MAME: LAST, FIRST, MIDDILE       DATE OF BIRTH         ADDRESS: STREET, CITY, STATE, 2P       ONTACT PHONE - INCLUDE AREA CODE         MAME: LAST, FIRST, MIDDLE       DATE OF BIRTH         ADDRESS: STREET, CITY, STATE, 2P       CONTACT PHONE - INCLUDE AREA CODE         MAME: LAST, FIRST, MIDDLE       DATE OF BIRTH													
P FEMALE       M - MALE         U - OTHERUINKIOWN       I - NOT TRAPPED         2. EXTRCATED BY MODILE       I - NOT TRAPPED         MAME: LAST, RIBST, MIDDILE       NATHAN         MAME: LAST, RIBST, MIDDILE       NATHAN         ADDRESS: STREET, CITY, STATE, 2P       ONTACT PHONE - INCLUDE AREA CODE         MAME: LAST, FIRST, MIDDILE       DATE OF BIRTH         ADDRESS: STREET, CITY, STATE, 2P       ONTACT PHONE - INCLUDE AREA CODE         MAME: LAST, FIRST, MIDDILE       DATE OF BIRTH         ADDRESS: STREET, CITY, STATE, 2P       ONTACT PHONE - INCLUDE AREA CODE         MAME: LAST, FIRST, MIDDLE       DATE OF BIRTH         ADDRESS: STREET, CITY, STATE, 2P       CONTACT PHONE - INCLUDE AREA CODE         MAME: LAST, FIRST, MIDDLE       DATE OF BIRTH													
U-OTHERUNKNOWN       I-NOT TRAPPED         2-EXTRICATE DE Y NORMECHANICAL MEANS         3-FREED BY NORMECHANICAL MEANS         3-FREED BY NORMECHANICAL MEANS         MAIE: LAST, FIRST, MODLE         NAME: LAST, FIRST, MODLE		F - FEMALE	G	ENDER	-								
NAME: LAST, FRST, MIDDLE     DATE OF BIRTH     AGE     GENDER       GILLESPIE     NATHAN     W     0     5     0     9     9     8     2     5     M       ADDRESS: STREET, CITY, STATE, ZIP     CONTACT PHONE - INCLUDE AREA CODE			NWC						1 - NOT	TRAPPED	TRAPP	ED	
NAME: LAST, FIRST, MIDDLE       NATHAN       W       DATE OF BIRTH       AGE       GENDER         ADDRESS: STREET, CITY, STATE, ZIP       CONTACT PHONE - INCLUDE AREA CODE									2 - EXT	RICATED BY MEC			
GILLESPIE       NATHAN       W       O       S       O       9       1       9       9       8       2       5       M         ADDRESS: STREET, CITY, STATE, ZIP       CONTACT PHONE - INCLUDE AREA CODE       Image: Contact Phone -													
GILLESPIE       NATHAN       W       O       S       O       9       1       9       9       8       2       5       M         ADDRESS: STREET, CITY, STATE, ZIP       CONTACT PHONE - INCLUDE AREA CODE       Image: Contact Phone -													
ADDRESS: STREET, CITY, STATE, ZIP OH ADDRESS: STREET, CITY, STATE, ZIP AD	Ì					۱۸/				0 0			
OH         I	WITNESS			NAI	1AIN	VV				a   Q	∠ <sub> </sub> 5		IVI
ADDRESS: STREET, CITY, STATE, ZIP         CONTACT PHONE - INCLUDE AREA CODE         I<	OH												
NAME: LAST, FIRST, MIDDLE         AGE         GENDER									DATE OF BIRTH AGE GENDER				GENDER
NAME: LAST, FIRST, MIDDLE         AGE         GENDER	ADDRESS: STREET, CITY, STATE, ZIP												
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INC	CLUDE AREA CODE	<u>ј</u> і	I	I	1 1	
		NAME: LAST, FIRST,	MIDDLE		E OF BIRTH		AGE		GENDER				
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE	WITNESS	ADDRESS: STREET,	, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
HSY 8355 OH1P 1/19 [760-1500]	ŀ	SY 8355 OH1P 1/19	9 [760-1500]										



## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20231765	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 07 D 02 Y 2023				
IN COUNTY OF 18	CRASH LOCATION GET GO					
WITNESS NATHAN GILLE	SPIE OBSERVED THE CRASH AND	STATED THE				
DRIVER WAS A WHITE MA	ALE WITH A MUSTACHE APPROX. 50	) YOA. THIS				
DESCRIPTION MATCHES	THE OWNER OF UNIT #1 **MESSAG	GE LEFT FOR MR				
MADIGEN**						
	OFFICER'S SIGNATURE	BADGE NUMBER 028				