OHIO DEPARTMENT POPUBLIC SAFETY TRAFFIC CRASH REPORT  "DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER *						
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION								[2,0,2,3,1,8,7,1, , , , , , , ]					
SECONDARY CRASH  OH-1P OTHER REPORTING AGENCY NAME*  NCIC*							HIT/SKIP 1 - Solved 1 2 - Unsolved	NIIMRED OF LINITS	0 1 98 - ANIMAL 99 - UNKNOWN				
COUNTY LOCALITY LOCATION CITY WILL AGE TRANSPORT							2 - Unsolved  CRASH DA		CRASH SEVERITY				
1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *		LD HTS				<u>  0 7 1 5 2 0 2</u>	5 1 - FATAL 2 - SERIOUS INJURY						
ROUTE TYPE ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH	LOCATION RO	OAD NAME		ROAD TYPE	I ATITITE DECIMA	I DECORECE	SUSPECTED 3 - MINOR INJURY SUSPECTED				
L08ATK	⊥_  ப	3 - EAST 4 - WEST	CANAL			$R_{\perp}D_{\perp}$	4 1 1 4 1	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE					
ROUTE TYPE ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST		CE ROAD NAME (ROAD, MILEPOST, H	IOUSE#)	ROAD TYPE	LONGITUDE DECIMAL		ONLY				
REFER		4 - WEST	5143				8,1,6,3,5,8,1,0						
REFERENCE POINT   DIRECT   1 - INTERSECTION   1 - NO   2 - MILE POST   2 - SO   2	RTH IR - INT	ERSTATE ROUTE (TP)		AL - ALLEY HW		RD - ROAD	INTERSECTION RELATED  WITHIN INTERSECTION OR ON APPROACH						
3 - HOUSE # 2 - SO 3 - EA/4 - WE	ST SR - ST	DERAL US ROUTE ATE ROUTE MBERED COUNTY ROU		BL - BOULEVARD MP - CR - CIRCLE OV -	MILEPOST S OVAL 1	SQ - SQUARE ST - STREET 'E - TERRACE 'L - TRAIL	☐ WITHIN INTERCH.	NUMBER OF APPROACHES					
DISTANCE DISTANCE  EDOM DECEDEMOE INIT OF MEANING  1 - Mil	TR - NU	MBERED TOWNSHIP UTE		DR - DRIVE PI - I		VA - WAY		ROADWAY					
2 - Fe	et .						■ ROADWAY DIVIDED						
1 - ON ROADWAY 9 - CROS			M 1 - NOT COLLISION	IANNER OF CRASH COLLISION 4 - REAR-TO-R			DIRECTION OF TRAVEL		MEDIAN TYPE				
3 - IN MEDIAN ACC 4 - ON ROADSIDE 11 - RAIL	WAY GRADE	_1_	BETWEEN TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE	EAR		1 1 - NORTH 2 - SOUTH	(<4 F	DED FLUSH MEDIAN EET) DED FLUSH MEDIAN				
6 - OUTSIDE 12 - SHAF	SSING RED USE PATHS 'RAILS		TRANSPORT 2 - REAR-END	7 - SIDESWIPE 8 - SIDESWIPE 9 - OTHER / UN	OPPOSITE DIRECTION		3 - EAST 4 - WEST	(≥4 F 3 - DIVIE					
8 - OFF RAMP 14 - TOLL			3 - HEAD-ON	o onen				(ANY	TYPE) ER / UNKNOWN				
	WORK ZO 1 - LANE CLOSURE 2 - LANE SHIFT/CRO	ONE TYPE SSOVER			CRASH IN WORK ZON THE 1ST WORK ZON G SIGN		CONTOUR	CONDITIONS	SURFACE				
LAW ENFORCEMENT  PRESENT	3 - WORK ON SHOUL OR MEDIAN	DER			E WARNING AREA TION AREA		1	1	2				
4 - INTERNITTENT OR MOVING WORK 5 - TERMINATION AREA 5 - OTHER						1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL	1 - DRY 2 - WET 3 - SNOW 4 - ICF	1 - CONCRETE 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 1 - CLEAR 6 - SNOW 7 - SEVERE CROSSWINDS 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - RREEZING DRIZZLE 1 - 4 - RAIN 9 - RREEZING RAIN 9 - RREEZING DRIZZLE								MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	5 - DIRT 9 - OTHER /UNKNOWN				
4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	2	4 - RAIN 5 - SLEET	, HAIL	9 - PREEZING RAIN OF 99 - OTHER / UNKNOW									
NARRATIVE					: :				Indicate the north				
DRIVER OF UNIT #1 WAS	OPERAT	ING A CC	NFIRME	D				<u> </u>	direction with an "N" on the compass diagram.				
STOLEN VEHICLE AT WH	IICH TIME	HE ATTE	MPTED	то									
ELUDE ARREST BY FLEE	ING FRO	M OFFICI	ERS.				5143		DIAGRAM				
DURING THE PURSUIT UNIT #1 ATTEMPTED TO MAKE A TRAFFIC CONTROL						C CONTROL	вох	1.	NOT TO SCALE				
LEFT.TURN.FROM.CANA	L.RD. (EA	STBOUN	D) ONTO					<u> </u>					
WARNER RD. (NORTHBO	UND) WI	HEN UNIT	#1 WEN	т			<	1					
OFF OF THE ROAD AND	STRUCK	THE-TRA	FFIC····										
CONTROL BOX LOCATE	ON THE	SOUTHEA	ST COR	NER (· · · · · · · · ·	WAR	INER RD.							
5143 CANAL RD.). UNIT				`	р. (4	ani .							
TRAVELED NORTHBOUND ON WARNER RD. FOR A													
SHORT DISTANCE AT WI		_ II OAWL	- TO INLO	, i.			1)						
CRASH REPORTED DATE/TIME	10.71	DISPATCH DAT		1	ARRIVAL DATE/TIME	IU1214101	SCENE CLEAR  0 7 1 5 2 0 2	ED DATE/TIME	REPORT TAKEN BY POLICE AGENCY				
TOTAL TIME ROADWAY OTHER INVESTIGATION	TOTAL	OFFICER'S		1 01113	۷ ۷ ۷ ۵	CHECKED BY OF	FICER'S NAME*	-10 0 4 3	MOTORIST				
CLOSED TIME	MINUTE	T. Gr	endzynski OFFICE	R'S BADGE NUMBER*		M. Berdy	dysz  CHECKED BY OFFICER'S BADGE NUMBER*  SUPPLEMENT (CORRECTIONADDITION						
3 0 3 0	8 6		0 4	9			$\lfloor L \mid 1 \mid 4 \mid \  $		and sent scare				

	OH OF SAFET	IIO DEPARTMENT PUBLIC SAFETY TY - BERVICE - PROTECTION							2,0,2,3,1	LOCAL REPOR			
	UNIT # OWNER NAME: LAST, FIRST, MIDDLE (☐ Same As Driver)  O									DAMAGE SC	ALE		
ÉR	OWNER ADDRE	SS: STREET, CITY, STATE, ZIP	( Same As Di		1 - NONE 2 - MINOR DAMAGE		- FUNCTIONAL DAMAGE - DISABLING DAMAGE						
MO	141	E 212TH ST			4	9 - UNKNOWN	- Didribeling Britings						
	COMMENCIAL DA	MAILEN. HAMIL, ADDICESS, STIT, STATE, ZIF			I I	AL CARRIER PHONE: INCLUDE		1 1 1		DAMAGED A	REA(S)		
i	LP STATE	LICENSE PLATE #		EHICLE IDENTIFICATION#	- 1 -	VEHICLE YEAR	- 1	HICLE MAKE	INDICATE ALL THAT APPLY				
O H J JWM7189 KIM 8 J 2 3 A 4 6 K U 0 5 5 5					וכוו וכ	VEHICLE COLOR	_ Hyun∈ veн⊩	CLE MODEL	11 12		11 12 1		
		RIFIED TYPE OF USE		US DOT #	TOWER	WHI BY: COMPANY NAME	Tucso	on	10 1 1 2		10 1 2		
	☐ COMMERC		□ IN EMERGENCY RESPONSE □	US DOT#	1	ERSTATE			9 3 4		9 3 4 J		
	INTERLOCK		1 - ≤10K LBS.		HAZARDOUS MATERIAL RELEASED PLACARD	MATERIAL CLASS#	PLACARD ID#	8 7 6 5	/4	8 7 6 5 4			
I		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	13 - SNOWMOBII F	18 - LIMO (L 19 - BUS (16	+ PASSENGERS)	23 - PEDESTRIAN 24 - WHEELCHAIR	R (ANY TYPE)	10	11 12	1 2			
		3 - SPORT UTILITY VEHICLE 4 - PICK UP	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	20 - OTHER 21 - HEAVY 22 - ANIMAL	EQUIPMENT	25 - OTHER NON- 26 - BICYCLE 27 - TRAIN	MOTORIST	9 (	9 8	3 3		
	UNIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT 17 - MOTORHOME	ANIMAL	-DRAWN VEHICLE	99 - UNKNOWN O	R HIT/SKIP	a	7 6	<u> </u>		
/EHICLE		# OF TRAILING UNITS							11 12 1	7 6	5 11 12 1		
		WAS VEHICLE OPERATING IN AUTONO	MOUS MODE	0 - NO AUTOMATION	3 - CONI	DITIONAL	9 - UNKNOWN		10 11 1	2	10 1 2		
	2	WHEN CRASH OCCURED?  1-YES 2-NO 9-OTHER/UNKNOW	AUTONOMOUS	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		2 - OMANAONAIA		9 3 4	3	9 3 3		
H		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FAR		21 - MAIL CARRIEF		8 7 6 5	/4	8 7 5 4		
	0 1 2 - TAXI 7 - BUS - INTERCITY 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 5 - BUS - TOTHER 4 - AMELIA AND ALL AND ALL AND ELECTRONIC SHARING		8 - BUS - SHUTTLE	12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	19 - TOV	OW REMOVAL VING	99 - OTHER /UNKNOWN		7 6 5		6 5		
L	FUNCTION	5 - BUS-TRANSIT/COMMUTER	15 - CONSTRUCTION EQUIPMENT	- CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL				17	12	12 12			
	U 1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 2 - BUS 4 - LOGGING 6 - CARGO		5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX	CHASSIS         9 - CARGO TANK         13 - AUTO TRANSPORTER           CARGO VANIENCLOSED BOX         10 - FLAT BED         14 - GARBAGE/REFUSE			ORTER USE	an Mar.		9 3 9 3			
				7 - GRAIN/CHIPS/GRAVEL	11 - DUMP		99 - OTHER / UNKNOWN		,009,	* <b>*</b> * *			
	VEHICLE	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	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT		99 - OTHER / UNKNOWN		6	6	6 6		
i	DEFECTS	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE		IAN/CROSSING ISLAND /EWAY ACCESS	12 - FIRST RESPO AT INCIDENT S		- NO DAMAGE [0]		- UNDERCARRIAGE [14]		
	CROSSWALK 4-MIDBLOCK-INRACED 7-5-DEVOLUENRO/GISIDE 1-0-CATION AT 2-MITERSECTION - CROSSWALK 8-SIDEWALK 2-MITERSECTION - STAVEL LANE-OTHER LOCATION UNMARKED 5-TRAVEL LANE-OTHER LOCATION			11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN TRAILS				TOP [13]	NIT NOT AT SCENE [16	- ALL AREAS [15] 5]			
		CROSSWALK  1 - NON-CONTACT  2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE					INITIAL POINT OF C	ONTACT		
	3	3 - STRIKING 4 - STRUCK  0 6  PRE-CRASH	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED	14 - EN LEKING OR CRUSSING 19 - STANDING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST 15 - WALKING, RUNNING, 21 - STANDING OUTSIDE				1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE				
		5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	JOGGING, PLAYING DISABLED VEHICLE 16 - WORKING 99 - OTHER / UNKNOWN				DIAGRAN		15 - VEHICLE NOT AT SCENE 99 - UNKNOWN		
		9 - OTHER / UNKNOWN		12 - DRIVERLESS	17 - PUS	HING VEHICLE			13 - TOP				
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION			21 - LYING IN ROA		TRAFFICWAY FLOW	TRAFFIC	TRAFFIC CONTROL		
		2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE         22 - NOT DISCERNABLE           EQUIPMENT         23 - OPENING DOOR INTO           19 - LOAD SHIFTING/         ROADWAY				1 - ONE-WAY	2 64	DUNDABOUT 4 - STOP SIGN GNAL 5 - YIELD SIGN		
		5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	15 - SWERVING TO AVOID 16 - WRONG WAY	FALLING/SPILLING 20 - IMPROPER CROSSING		99 - OTHER IMPROPER ACTION		2 2 - TWO-WAY	1 <b>b</b> 1	ASHER 6 - NO CONTROL		
	CONTRIBUTING CIRCUMSTANCES		L INNI INDI EN DAURINU						# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING  NOT INVOLVED		
NT(S)	SEQUENCE OF	EVENTS							_ 2 _	1	INVOLVED - ACTIVE CROSSING		
EVE		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	EVENTS 11 - CROSS CENTERLINE -		WAY VEHICLE	22 - WORK ZONE			3 -	INVOLVED - PASSIVE CROSSING		
	1 0 8	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY	18 - ANIN	MAL - FARM MAL - DEER MAL - OTHER	MAINTENANCE EQUIPMENT 23 - STRUCK BY FA	ALLING,	I	JNIT / NON-MOTORIS			
		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LIEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOT TRAI	OR VEHICLE IN NSPORT	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR			1 - NOR 2 - SOU			
				15 - PEDALCYCLE	21 - PAR	KED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVAL OBJECT	BLE	FROM   4   TO	3 - EAS			
	الللا		- STRUCK				4-WES	8 - SOUTHWEST 9 - OTHER / UNKNOWN					
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	43 - CURB 50 -WORKZONE MAI 44 - DITCH EQUIPMENT 45 - EMBANKMENT 51 - WALL			MIN LENANCE	UNIT SPEED		DETECTED SPEED		
		STRUCTURE  27 - BRIDGE PIER OR ABUTMENT  28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR	46 - FENO 47 - MAIL	DE BOX	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED	OBJECT	_ 5 _ 0	, 1	1 - STATED/ESTIMATED SPEED		
	5	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	SUPPORT 42 - CULVERT	48 - TREE 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT						2 - CALCULATED / EDR		
	6								POSTED SPEED		3 - UNDETERMINED		
	2		0						3   5				
HSY	2 8304 OH1U 1/19 [	FIRST HARMFUL EVENT		OST HARMFUL EVENT						PAGE	OF		

OHIO DEPARTMENT	MOTORIST / NO	NI MOTODI	СТ						LOCAL	REPORT NUMBER			
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	WOTORIST / NO	JIN-IVIO I OKI	31				_2	0   2   3	11	8   7   1			
M UNIT # NAME: LAST, FIRS												GENDER	
MAYC  ADDRESS: STREET, CITY, STATE, ZIP	MAYO ANTHONY JEROME STREET, CITY, STATE, ZIP							0 2 2 7 2 0 0 3 2 2 0 M  CONTACT PHONE - INCLUDE AREA CODE					
25400 ROCKS	SIDE RD	BE	EDFORD HTS	OH 4	4146					1 1			
N BY	EMS AGENCY (NAME)  BIJURED TAXEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT USED  O						DOT-COMPLIA		.	AIR BAG USAGE		1 .	
O 5 OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE (	CHARGED	LOCAL O	9   9		MC HELMET	0	1	CITATION NUMBE	<u> </u>		
M O				CODE									
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT		CONDITION	STATUS	ALCOH TYPE	OLTEST VALUE	STATI		RUG TEST(S) RESU	JLT SELECT UP TO 4	
		9	OTHER DRUG	ARIJUANA	1	_1_	_1_	<b>.</b>	_1	11			
M UNIT# NAME: LAST, FIRE	ST, MIDDLE							DATE OF BI	RTH	<u> </u>	AGE	GENDER	
T							ш						
R ADDRESS: STREET, CITY, STATE, ZIP S							CONTACT	PHONE - INCLUDE AREA CODE		1 1	ĺ		
	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQUI	PMENT		DOT-COMPLIAN	SEATING POS	ITION	AIR BAG USAGE	EJECTION	TRAPPED	
N BY							MC HELMET				J	_	
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE O	CHARGED	LOCAL O	FFENSE DESCRIPTI	ION				CITATION NUMBE	R		
O OL CLASS 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		ARIJUANA .		STATUS	TYPE	VALUE	STATU	S TYPE	RESUL	LT SELECT UP TO 4	
S UNIT# NAME: LAST, FIRS	ST. MIDDLE		OTHER DRUG					DATE OF BI	RTH		AGE	GENDER	
O T							ļ	1 1 1	1 1				
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT	PHONE - INCLUDE AREA CODE	:				
S T IN HIDIES INJURED I				SAFETY EQUIP	MENT			1 1 1					
/ INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	CAL FACILITY (NAME, CITY)	USED	I I		DOT-COMPLIAN	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE OPERATOR LICE	ENSE NUMBER	OFFENSE C	CHARGED	LOCAL O	FFENSE DESCRIPT	TION				CITATION NUMBE	R	<u> </u>	
T													
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT	TED ARIJUANA	CONDITION	STATUS	TYPE	OL TEST VALUE	STATU		RUG TEST(S) RESU	JLT SELECT UP TO 4	
S T			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 INTERLOCK	N(S)	DRIVER DIS	TRACTION	1 - NON	TEST ST IE GIVEN	TATUS	
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	LOYED 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 4 - DEPLOYED BOTH FRONT /	DEPLOYED SIDE 3 - CLASS C			VE LENSES VER		DEVICE (TEXTING, TYPING, DIALING)			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	NOT APPLICABLE 5-M / C MOPED ONLY			LASS A BUS		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B	BUS	LER	4 - TALKING ON HAND-HI	ELD	5-IES	I GIVEN, RESULT	SUNKNOWN	
1 - NOT TRANSPORTED //TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMEDI RESTRICTION	IATE LICENSE		5 - OTHER ACTIVITY WIT	H AN				
2 - EMS	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION	EJECTION OL ENDORSEMENT 9-LEA				9 - LEARNER'S PERMIT RESTRICTIONS		ELECTRONIC DEVICE 6 - PASSENGER		ALCOHOL TEST TYPE  1 - NONE		
3 - POLICE 9 - OTHER / UNKNOWN	TRUCK CAB 11 - PASSENGER IN OTHER	1 - NOT EJECTED H - HAZMAT 2 - PARTIALLY EJECTED M - MOTORCYCLE			10 - LIMITED T ONLY	10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE			2 - BLOOD		
	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED T 12 - LIMITED -		ENT	8 - OTHER DISTRACTION THE VEHICLE	IS OUTSIDE	3 - URII			
SAFETY EQUIPMENT	PICK-UP WITH CAP)  12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER  Q - MOTOR SCOOTER		13 - MECHANIO (SPECIAL B	CAL DEVICES BRAKES, HAND		9 - OTHER / UNKNOWN		4 - BRE 5 - OTH			
1 - NONE USED 2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	R - THREE-WHEEL MO	TORCYCLE	CONTROLS ADAPTIVE D	S, OR OTHER DEVICES)							
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	1 - NOT TRAPPED 2 - EXTRICATED BY	S - SCHOOL BUS	TDAIL EDC	14 - MILITARY 15 - MOTOR VI		NLY			1 - NON	DRUG TES	ST TYPE	
CHILD RESTRAINT SYSTEM- EXTERIOR MECHANICAL MEANS FORWARD FACING (NON-TRAILING UNIT)  45 MON MOTORIOR 3 - FREED BY		X - TANKER / HAZMAT	T - DOUBLE & TRIPLE TRAILERS WITHOUT AIR BRAKES						2 - BLO	2 - BLOOD			
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS			17 - PROSTHE 18 - OTHER	ETIC AID		1 - APPARENTLY NORMA		3 - URIN			
7 - BOOSTER SEAT 8 - HELMET USED								2 - PHYSICAL IMPAIRME 3 - EMOTIONAL (E.G. DEF		4 - OTH	zK		
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			GEN	DER				ANGRY, DISTURBED)		4. 410	DRUG TEST	RESULT(S)	
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN			F - FEMALE					4 - ILLNESS 5 - FELL ASLEEP, FAINTI	ED,	2 - BAR	PHETAMINES		
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			M - MALE U - OTHER/UNKNOWN					FATIGUED, ETC.  6 - UNDER THE INFLUEN	ICE OF		IZODIAZEPINES INABINOIDS		
								MEDICATIONS / DRUG		5 - COO 6 - OPI	CAINE ATES / OPIOIDS		
								9 - OTHER / UNKNOWN		7 - OTH			
										0 1120			

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OCCUPANT / WITNESS ADDENDUM  OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER						
					2   0   2   3   1   8   7   1						
UNIT #	NAME: LAST, FI		DATE OF BIRTH AGE GENDER COLOR OF BIRTH AGE 2 6 M								
	TREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
g 10513	3 PRINCE	AVE CLEVELAND O									
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9	DOT-COMPLIANT MC HELMET  SEATING	s position	SE EJECTION	TRAPPED 1		
UNIT#	NAME: LAST, FI	RST, MIDDLE		DATE OF BIR	ктн	AGE	GENDER				
L	1				Ш						
ADDRESS: ST	REET, 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	POSITION AIR BAG USA	GE EJECTION	TRAPPED		
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BIR	RTH	AGE	GENDER		
								h i i	.		
ADDRESS: ST	REET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA C	ODE				
ADDRESS: ST											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	POSITION AIR BAG USA	SE EJECTION	TRAPPED		
						MC HELMET			<u> </u>		
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BIRTH AGE GENDER					
									1		
ADDRESS: ST	REET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA C	ODE	1 1	1		
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	SEATING	POSITION AIR BAG USA	E EJECTION	TRAPPED		
ı	TAKEN BY				USED	DOT-COMPLIANT MC HELMET					
		JURIES	1 - NONE USED	SAFETY EQUIPMENT USED	SEATI 1 - FRONT - LEFT SIDE (MOTORCYC	NG POSITION	AIR 1 - NOT DEPLOYED	BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  INJURED TAKEN BY  1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			3 - LAP BELT OF 4 - SHOULDER ( 5 - CHILD REST FORWARD F/	BELT ONLY USED  NLY USED  A LAP BELT USED  RAINT SYSTEM -  CONS  RAINT SYSTEM -  G  EAT  ED  EPADS USED  HEES, ETC.)  FE CLOTHING  PEDESTRIAN  NLY	2 - FRONT - MIDDLE 3 - FRONT - MIDDLE 4 - SECOND - LEFT SIDE (MOTORCY 5 - SECOND - RIGHT SIDE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCL 8 - THIRD - HIDDLE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENCLC (NON TRAILING UNIT) BUS, PICK-U 12 - PASSENGER IN UNENCLOSED 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 5 - NON-MOTORIST 99 - OTHER / UNKNOWN	E SIDE CAR)  CAB SED CARGO AREA WITH CAP) CARGO AREA	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 4 - NOT APPLICABLE				
	G	ENDER									
F - FEMALE M - MALE							-	RAPPED			
U - OTHER/UNI	U - OTHER/UNKNOWN						1 - NOT TRAPPED 2 - EXTRICATED BY MECHAN 3 - FREED BY NON-MECHANI				
NAME: LAST, FIR	RST MIDD! F						TU I	AGE	GENDER		
2	w., middle					DATE OF BIR	iin				
ADDRESS: STR	EET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER					
ADDRESS: STR	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
						<u> </u>					
NAME: LAST, FIR	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER				
ADDRESS: STRE	EET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
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