OHIO DEPARTMENT TRAFFIC CRASH REPORT **DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3 IR480 WB RAMP								[2 0 2 3 1 8 7 3						
SECONDARY CRASH	OH-1P Private Property	OTHER	REPORTING AGENC		LITO	1011	HIT/SKIP 1 - Solved 2 - Unsolved	NIIMRED OF LINITS		0 1 1 98 - ANIMAL				
COUNTY* LOCAL	m/4 T	LOCATION: CITY, V	GARFIEI	LD HEIG	піо		CRASH DA	TE/TIME *		CRASH SEVERITY				
1 8 1	2 VILLACE *	GARFIE	LD HTS					1017115121012	1 - FATAL 2 - SERIOUS INJURY					
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST	LOCATION ROAD NAME			ROAD TYPE	I ATITIDE DECIMA		SUSPECTED 3 - MINOR INJURY SUSPECTED				
Г В В В В В В В В В В В В В В В В В В В	4 8 0		4 - WEST				H _I W _I	4 1 . 4 1		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH					LONGITUDE DECIMAL	5 8 2 8		ONLY			
REFERENCE POIN	IT DIRECTION		POLITE TYPE	L.,		NAN TYPE	INTERSECTION RELATED							
1 - INTERSECTION 2 - MILE POST	1 - NORTH 2 - SOUTH		RSTATE ROUTE (TP) AL - ALLEY AV - AVENUE LA - LANE LA - LANE				RD - ROAD SQ - SQUARE	☐ WITHIN INTERSE	CTION OR ON APPROACH		1 1			
3 - HOUSE#	3 - EAST 4 - WEST	CR - NU	TE ROUTE MBERED COUNTY ROUMBERED TOWNSHIP	ITE	CR - CIRCLE O\ CT - COURT PK	/ - OVAL 1 C - PARKWAY 1	ST - STREET TE - TERRACE TL - TRAIL WA - WAY	☐ WITHIN INTERCH.	NUI	NUMBER OF APPROACHES				
EDOM DECEDENCE	RO				- PLACE	MA- WAI		ROADWAY						
[1,0,0]	3 - Yards							ROADWAY DIVIDI	ED	MEDIAN TY	VDE			
0 7 1-0N RO	OULDER 10 - DRIVEWAY	R		1 - NOT COLLISION BETWEEN					. 1 DIVID					
3 - IN MED 4 - ON ROI 5 - ON GOI	GRADE		TWO MOTOR VEHICLES IN TRANSPORT	5 - BACKING 6 - ANGLE 7 - SIDESWIP	E, SAME DIRECTION		4 1- NORTH 4 1- DIVIDED (44 FEE 2- DIVIDED (24 FEE (24 FEE 2- DIVIDED			ET) D FLUSH MEDIAN				
6 - OUTSIE TRAFFI 7 - ON RAI 8 - OFF RA	ICWAY OR TRAIL MP 13 - BIKE LANE	S		2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION 3 - HEAD-ON 9 - OTHER / UNKNOWN					4 - WEST 3 - DIVIDE 4 - DIVIDE (ANY T					
0 0.110	99 - OTHER / L								9 - OTHE	R / UNKNO	WN			
☐ WORK ZONE RELATED		WORK ZO	ONE TYPE	Г	LOCATION OF	CRASH IN WORK ZON	IE .	CONTOUR	CONDITIONS		SURFACE			
WORKERS PRESENT LAW ENFORCEMENT	1-2-	LANE CLOSURE LANE SHIFT/CROS WORK ON SHOUL			WARN 2 - ADVAN	RE THE 1ST WORK ZON ING SIGN ICE WARNING AREA	E	4	111		_ 2 _			
PRESENT		OR MEDIAN INTERMITTENT OF OTHER	MOVING WORK		4 - ACTIV	SITION AREA ITY AREA NATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT	1 - DRY 2 - WET		1 - CONCRETE 2 - BLACKTOP,			
ACTIVE SCHOOL ZONI		-			WEATHER			GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT,		BITUMINOUS, ASPHALT 3 - BRICK/BLOCK			
1 - DAYLIGHT 2 - DAWN/DUSK			1 - CLEAR 2 - CLOUE		6 - SNOW 7 - SEVERE CROSSI	WINDS		9 - OTHER /UNKNOWN	OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH	4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER				
3 - DARK - LIGH 4 - DARK - ROA		11	3 - FOG, S 4 - RAIN 5 - SLEET	MOG, SMOKE	8 - BLOWING SAND,	SOIL, DIRT, SNOW OR FREEZING DRIZZLE			9 - OTHER/UNKNOWN		/UNKNOWN			
9 - OTHER / UN	KNOWN													
UNIT 1 WAS	WAS ENTERIN	IG IR48	0 W FROI	М		: :		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	Indicate the direction with an "N" on the	th		
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CRASH REPORT			DISPATCH DAT			ARRIVAL DATE/TIME			ED DATE/TIME	T_	REPORT TAKEN B	BY		
0 7 1 5 2 0 2	2 3 0 7 4 9 OTHER INVESTIGATION	0 7 1	5 2 0 2 3		0 7 1 5	2 0 2 3		0 7 1 5 2 0 2	2 3 1 0 0 3		MOTORIST			
CLOSED	TIME	MINUTE		tts	CEDIC DADGE MIMPER		M. Berdy		MILIMPED*		SUPPLEMENT (CORRECTION or ADDIT			
0	0 3 0 0 0 0 0 0 0 0							CHECKED BY OFFICER'S BADGE NUMBER*						

Ū	OH OF SAPET	IIO DEPARTMENT PUBLIC SAFETY TY - SERVICE - PROTECTION						2,0,2,3	LOCAL REPORT NUMBER 1 8 7 3				
	UNIT # OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) O 1 1 PETROVIC KAY HELEN								DAMAGE DAMAGE SCALE				
유	OWNER ADDRE	ESS: STREET, CITY, STATE, ZIP	(Same As Di	river)				1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE				
o co	141	E 212TH ST	Γ	EUCLID	COMMERCI	OH AL CARRIER PHONE: INCLUDE	44123	3 2- MINOR DAMAGE	9 - UNKNOWN				
	MINEROIAE OA	MAINER. HAME, ADDRESS, STIT, STATE, ZIF			l l				DAMAGED AREA(S)				
	LP STATE	LICENSE PLATE #		EHICLE IDENTIFICATION#	- 1 -	VEHICLE YEAR	VEHICLE MAKE		INDICATE ALL THAT APPLY				
Н	O H I	JWM7189 INSURANCE COMPANY		A 4 6 K U 0 5 9 5 INSURANCE POLICY#	וכוו וכ	VEHICLE COLOR	Hyundai VEHICLE MODEL	11 12	11 12				
		RIFIED TYPE OF USE		US DOT #	TOWER	WHI BY: COMPANY NAME	Tucson	10 11 1 2	2 10 11 1 2				
	COMMERC		□ IN EMERGENCY RESPONSE □	US DOT#	IOWED	DI. COMPANI NAME		9 9 3	3 9 9 3 4 -				
	INTERLO DEVICE EQUIPPE	☐ HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GWR/IGCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 ->26K LBS.		HAZARDOUS MATERIAL RELEASED PLACARD	MATERIAL CLASS # PLACARD ID	# 7 6 5 5	4 8 7 V 5 4				
		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (L		23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE)	10	11 1 2				
L	0 1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED	14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25			25 - OTHER NON- MOTORIST 26 - BICYCLE	9 10 2 3					
	UNIT TYPE 5 - CARGO VAN BICYCLE 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV)			16 - FARM EQUIPMENT 17 - MOTORHOME			27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	\					
/EHICLE	6												
VE	# 0- IRALING UNIS												
	2	WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	AUTO	DITIONAL OMATION I AUTOMATION	9 - UNKNOWN	9 10 2 3	3 9 9 3				
L	2	1 - YES 2 - NO 9 - OTHER / UNKNOW	mode certe		5 - FULL AUTOMATION			8 7 5	7. 8 7. 5 7.				
	1 - NONE 6 - BUS - CHARTER/TOUR 2 - TAXI 7 - BUS - INTERCITY 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE		11 - FIRE 12 - MILITARY 13 - POLICE	17 - MOWING 99 - OTI 18 - SNOW REMOVAL		21 - MAIL CARRIER 99 - OTHER /UNKNOWN	7 6 5	7 6 5					
	4 - SCHOOL TRANSPORT 9 - BUS - OTHER			14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	14 - PUBLIC UTILITY 19 - TOWING 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL				12 12 12				
	CARGO BODY TYPE 1 - NO CARGO BODY TYPE 2 - BUS CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING			5 - INTERMODAL CONTAINER CHASSIS	8 - POL	- POLE 12 - CONCRETE MIXER - CARGO TANK 13 - AUTO TRANSPORTER		12 R A					
				6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FLA 11 - DU	AT BED	14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	, ,	9 3 9 3 9 3				
	1 1	1-TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES		OR TROUBLE ABLED FROM PRIOR	99 - OTHER / UNKNOWN	6					
	VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS 1 - INTERSECTION -	5 - STEERING 6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER	8 - TRAILER EQUIPMENT DEFECTIVE 6 - BICYCLE LANE	ACCIDENT 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER			- NO DAMAGE IO	6 6 6				
	NON-MOTORIST	MARKED CROSSWALK 2 - INTERSECTION -	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRIN 11 - SHA	/EWAY ACCESS RED USE PATHS OR	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	- UNDERCARRIAGE [14] - ALL AREAS [15]				
L	OCATION AT IMPACT	UNMARKED CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION		TRA		18 - APPROACHING	_ ·	UNIT NOT AT SCENE [16]				
	•	1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 1 3	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENT	ECTIATING A CURVE ERING OR CROSSING CIFIED LOCATION	OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST		INITIAL POINT OF CONTACT				
		4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTION	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	OVERTAKING/PASSING 10 - PARKED		15 - WALKING, RUNNING, 21 - STANE JOGGING, PLAYING DISAB		1 2 0 - NO DAMA					
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS				DIAGRA 13 - TOP	AM 99 - UNKNOWN				
									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	ON OBSTRUCTION RATING DEFECTIVE IPMENT	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN				
		4 - RAN STOP SIGN 5 - UNSAFE SPEED	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19 - LOA FALI	D SHIFTING/ LING/SPILLING	23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY	6 2-SIGNAL 5-YIELD SIGN				
	INTRIBUTING	6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		ACTION		3 - FLASHER 6 - NO CONTROL				
	RCUMSTANCES							# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED				
ZENT(S)	QUENCE OF	EVENTS] , 1 ,	2 - INVOLVED - ACTIVE CROSSING 1 3 - INVOLVED - PASSIVE CROSSING				
ш		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF		WAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVEU - PASSIVE CRUSSING				
	-	2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY	18 - ANIN	IAL - FARM IAL - DEER IAL - OTHER	EQUIPMENT 23 - STRUCK BY FALLING,		UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST				
2		5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	20 - MOT TRAI	OR VEHICLE IN NSPORT KED MOTOR VEHICLE	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST				
	1 0			represente	ZI-PARI	NED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 1 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST				
³ L	1 0			COLLISION WITH FIXED OBJECT		0	EN HODIZO		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 - CUR 44 - DITC 45 - EMB	H ANKMENT	50 -WORKZONE MAINTENANCE EQUIPMENT 51 - WALL	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	4,0,	1 . 1 STATED/ESTIMATED SPEED				
5		29 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE		99 - OTHER / UNKNOWN	[4]0]	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR				
6 ₁	1 1							POSTED SPEED	3 - UNDETERMINED				
								6 0					
L HSY8304	1 4 OH1U 1/19 [FIRST HARMFUL EVENT	2	OST HARMFUL EVENT				0 0	PAGE OF				

OHIO DEPARTMENT	MOTODIST / NO	N MOTODI	ет						LOCAL	REPORT NUMBER			
OF PUBLIC SAFETY SAPETY - SERVICE - PROTECTION	MOTORIST / NO	JN-WIOTORI	3 1				_2	0 2 3	₁ 1 ₁	8 7 3			
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R ADDRESS: STREET, CITY, STATE, ZIP S 25400 ROCKS	NDE DD						CONTACT	T PHONE - INCLUDE AREA COD	E .				
23400 ROOK	SIDE RD IS AGENCY (NAME)		EDFORD HTS CAL FACILITY (NAME, CITY)	SAFETY EC	44146 QUIPMENT			SEATING PO	SITION	AIR BAG USAGE	EJECTION	TRAPPED	
5 BYCCH				USED	0 1		DOT-COMPLIA MC HELMET	I 0	1	3	1	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	
OL STATE OPERATOR LICE	ENSE NUMBER	OFFENSE	CHARGED	LOCAL	OFFENSE DESCRIP					CITATION NUMBE	R	-] -	
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O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPEC		CONDITION	STATUS	ALCOH TYPE	OL TEST VALUE	STATI		UG TEST(S) RESU	LT SELECT UP TO 4	
s		1 1	ALCOHOL M	MARIJUANA	1	1 1	1 1		1		1	Ш	
M UNIT # NAME: LAST, FIRS	T, MIDDLE		Ц				1	DATE OF B	IRTH		AGE	GENDER	
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R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
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N BY	MS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY ECUSED	QUIPMENT		DOT-COMPLIA	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED	
N COLOTE CONTROL OF	THE WINDER	OFFENSE (PHARCED	LOCAL	OFFENSE DESCRIPT	TION	MC HELMET		\dashv	CITATION NUMBER	<u> </u>	<u> </u>	
OL STATE OPERATOR LICE	INSE NUMBER	OFFENSE	JARGED	CODE	OFFENSE DESCRIP	IION				CITATION NUMBER	•		
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECT	TED	CONDITION		ALCOH	OL TEST		DR	UG TEST(S)		
R SELECT UP TO 2		DISTRACTED BY	ALCOHOL M	IARIJUANA		STATUS	TYPE	VALUE	STATU			T SELECT UP TO 4	
S L L			OTHER DRUG	l			Ш				1		
M UNIT # NAME: LAST, FIRST	T, MIDDLE							DATE OF B	IRTH		AGE	GENDER	
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R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT	PHONE - INCLUDE AREA CODE	E				
S T I INJURIES INJURED EI	MS AGENCY (NAME)	IN HIDED TAKEN TO: MEDIC	CAL FACILITY (NAME, CITY)	SAFETY EQ	UIPMENT			SEATING POS	INOITION	AIR BAG USAGE	EJECTION	TRAPPED	
TAKEN BY	MS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	SAL PACIEITI (NAME, CITT)	USED			DOT-COMPLIAN		SITION ,	AIR BAG USAGE	EJECTION	IRAPPED	
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O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT	TED	CONDITION			OL TEST			UG TEST(S)		
1		ВУ		ARIJUANA	1	STATUS	TYPE	VALUE	STATU	IS TYPE	RESU	LT SELECT UP TO 4	
			OTHER DRUG	L									
INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT DEPLOYED	1 - CLASS A	CLASS	1 - ALCOHOL	INTERLOCK	N(S)	1 - NOT DISTRACTED	STRACTION	1 - NON	TEST ST E GIVEN	ATUS	
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CLASS B			2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION			2 - TEST	2 - TEST REFUSED		
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C				DEVICE (TEXTING, TYPING,				3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / 5 - NOT APPLICABLE	,		5 - EXCEPT C			DIALING) 3 - TALKING ON HANDS-	FREE		GIVEN, RESULTS	S KNOWN	
	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	5 - M / C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT C & CLASS B			COMMUNICATION DE		5 - TEST	GIVEN, RESULTS	S UNKNOWN	
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)					RACTOR-TRA		4 - TALKING ON HAND-H COMMUNICATION DE					
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE				8 - INTERMED RESTRICT		Ė	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE					
2 - EMS	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION		DRSEMENT	9 - LEARNER' RESTRICT			6 - PASSENGER	-	1 - NON	ALCOHOL T	EST TYPE	
3 - POLICE 9 - OTHER / UNKNOWN	TRUCK CAB 11 - PASSENGER IN OTHER	1 - NOT EJECTED 2 - PARTIALLY EJECTED	H - HAZMAT M - MOTORCYCLE		10 - LIMITED TO	TO DAYLIGHT		7 - OTHER DISTRACTION THE VEHICLE	NINSIDE	2 - BLO			
3-OHER/ORROW	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS.	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED	TO EMPLOYM	ENT	8 - OTHER DISTRACTION	NS OUTSIDE	3 - URIN	ΙE		
SAFETY EQUIPMENT	PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER		12 - LIMITED - 13 - MECHAN	- OTHER ICAL DEVICES	3	THE VEHICLE 9 - OTHER / UNKNOWN		4 - BRE	ATH		
1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER			BRAKES, 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	OTORCYCLE	ADAPTIVE	DEVICES)	NII V						
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY	S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAII FRS	15 - MOTOR \					1 - NON	DRUG TES	ST TYPE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	(NON-TRAILING UNIT)	MECHANICAL MEANS 3 - FREED BY	X - TANKER / HAZMAT		WITHOUT 16 - OUTSIDE	F AIR BRAKES MIRROR				2 - BLOO	D		
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS			17 - PROSTHE	ETIC AID		1 - APPARENTLY NORM		3 - URIN	E		
7 - BOOSTER SEAT					18 - OTHER			2 - PHYSICAL IMPAIRME	ENT	4 - OTHE	R		
8 - HELMET USED 9 - PROTECTIVE PADS USED								3 - EMOTIONAL (E.G. DE ANGRY, DISTURBED)	PRESSED,		2000	araulara:	
(ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING			F - FEMALE	NDER				4 - ILLNESS		1 - AMP	DRUG TEST I HETAMINES	RESULT(S)	
11 - LIGHTING - PEDESTRIAN			F - FEMALE M - MALE					5 - FELL ASLEEP, FAINT	ED,		BITURATES ZODIAZEPINES		
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN	1				FATIGUED, ETC.	NCE OF		NABINOIDS		
								6 - UNDER THE INFLUEN MEDICATIONS / DRUG		5 - COC			
								/ ALCOHOL 9 - OTHER / UNKNOWN		6 - OPIA 7 - OTH	TES / OPIOIDS ER		
								5 CHERY ORKINOWN		8 - NEG	ATIVE RESULTS		

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OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER								
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uni L 1		NAME: LAST, FII		SHC	NDALE LAME	RE	DATE OF BIRTH						
		ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
		MARTIN	DR GARFIELD HTS	OH 441	25								
INJUI		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 1	DOT-COMPLIANT MC HELMET SEATING O	POSITION AIR BAG USAG	E EJECTION	TRAPPED 1			
UNI	Т#	NAME: LAST, FIF	RST, MIDDLE				DATE OF BIR	тн	AGE	GENDER			
ADDRES	SS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
INJUR	RIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	POSITION AIR BAG USAG	E EJECTION	TRAPPED			
UNI	Т#	NAME: LAST, FIF	RST, MIDDLE		DATE OF BIR	тн	AGE	GENDER					
ADDRES	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJU	RIES	INJURED EMS AGENCY (NAME) TAKEN BY INJURED TAKEN TO: MEDICAL FACILITY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING	POSITION AIR BAG USAG	E EJECTION	TRAPPED			
L							MC HELMET						
UNI	Т#	NAME: LAST, FIF	RST, MIDDLE		DATE OF BIRTH AGE GENDER								
<u> </u>	<u></u>						CONTACT DUOM: WOUNDS ADD A						
ADDRES	SS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	1 1	i				
INJU	RIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		POSITION AIR BAG USAG	E EJECTION	TRAPPED			
		TAKEN BY				USED	DOT-COMPLIANT MC HELMET						
3 - SUSF 4 - POSS 5 - NO A 1 - NOT TRE 2 - EMS 3 - POL 9 - OTH	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 - OTHERUNKNOWN			2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SECOND - LEFT SIDE (M 5 - SECOND - MIDDLE 5 - CHILD RESTRAINT SYSTEM- FORWARD FACING 6 - CHILD RESTRAINT SYSTEM- REAR FACING 7 - THIRD - LEFT SIDE (MO 8 - THIRD - LIEFT SIDE (MO 8 - THIRD - LEFT SIDE (MO 8 - THIRD - LEFT SIDE (MO 8 - THIRD - LEFT SIDE (MO 9 - THIRD - LEFT SIDE (MO 10 - SLEEPER SECTION OF 11 - PASSENGER IN OTHER (NON-TRALING UNIT, BUS 12 - PASSENGER IN OTHER (NON-TRALING UNIT) 13 - TRALING UNIT, BUS 14 - RIDING ON VEHICLE DE (NON-TRALING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN			LE SIDE CAR) CAB SED CARGO AREA P WITH CAP) CARGO AREA	ECTION					
U-OTH	IER/UNKNO							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANI 3 - FREED BY NON-MECHANIC					
NAME: LA							DATE OF BIRT	2 - EXTRICATED BY MECHANI 3 - FREED BY NON-MECHANIC		GENDER			
NAME: La	AST, FIRST,	MIDDLE						2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC	AL MEANS	GENDER			
NAME: La	AST, FIRST,						DATE OF BIRI CONTACT PHONE - INCLUDE ARE	2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC	AL MEANS	GENDER			
NAME: La	AST, FIRST,	MIDDLE , CITY, STATE, ZIP						2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC	AL MEANS	GENDER			
NAME: LA	AST, FIRST, S: STREET, AST, FIRST,	MIDDLE , CITY, STATE, ZIP					CONTACT PHONE - INCLUDE ARE	2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC	AGE				
NAME: LA	AST, FIRST, S: STREET, AST, FIRST, S: STREET,	MIDDLE CITY, STATE, ZIP MIDDLE CITY, STATE, ZIP					CONTACT PHONE - INCLUDE ARE	2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC	AGE				
NAME: LA ADDRES: NAME: LA ADDRES: NAME: LA	AST, FIRST, S: STREET, AST, FIRST, S: STREET, AST, FIRST,	MIDDLE CITY, STATE, ZIP MIDDLE CITY, STATE, ZIP					CONTACT PHONE - INCLUDE ARE DATE OF BIRT CONTACT PHONE - INCLUDE ARE	2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC	AGE AGE	GENDER			

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