OF PUBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER*				
☐ PHOTOS TAKEN		OH-3 OTHER	BROADWAY MARATHON/METOR B AND G					2   0   2   3   2   1   9   3				
SECONDARY CRASI	H OH-1P C		GARFIELD HEIGHTS					MI IMPED OF LIMITS	0 2 98 - ANIMAL 99 - UNKNOWN			
1   8	1 - CITY* 2 - VILLAGE * 3 - TOWNSHIP*	GARFI	N: CITY, VILLAGE, TOWNSHIP*  CRASH DATE(TIME*    0 8 0 6 2 0 2 3   2 1 2 2   PREFIX 1- NORTH   LOCATION ROAD NAME   ROAD TYPE   LATTINGS STREET   LATTINGS S							CRASH SEVERITY  1 - FATAL 2 - SERIOUS INJURY SUSPECTED		
ROUTE TYPE	ROUTE NUMBER	PREF	2 - SOUTH 3 - FAST			AV	4 1 1 4 2	3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE				
ROUTE TYPE	ROUTE NUMBER	PREF	2 - SOUTH 3 - EAST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL		5 - PROPERTY DAMAGE ONLY		
REFERENCE F	POINT DIRECTION	DN L	4 - WEST	14218	ROAD TYPE			8 1 1 5 8	INTERSECTION RELATI	ED		
2 - MILE POST 2 - SOUTH US - SR - CR - TRANSCE DISTANCE TRANSCE TRANSC			AV. AVENUE			ANE S MILEPOST S OVAL T PARKWAY T IKE V	RD - ROAD IQ - SQUARE IT - STREET IE - TERRACE L - TRAIL WA - WAY	□ WITHIN INTERSEC	NUMBER OF APPROACHES			
EDOM DECEDENCE	1 - Mile 2 - Feet 3 - Yard	S :	ROUTE	UTE HE+HEIGHTS PL+PLACE				ROADWAY  ROADWAY DIVIDED				
U I 2-00 3-IN 4-00 5-00 6-00 TR 7-00	MEDIAN ACCE   N ROADSIDE	OVER WAY / ALLEY SS IAY GRADE SING ED USE PATHS RAILS ANE	6	MANNER of CRASH COLLISION/IMPACT  1 - NOT COLLISION 4 - REAR-TO-REAR BETWEEN 5 - BACKING TWO MOTOR 6 - ANGLE VEHICLES IN TRANSPORT 7 - SIDESWIPE, SAME DIRECTION 2 - REAR-END 8 - SIDESWIPE, oPPOSITE DIRECTION 3 - HEAD-ON 9 - OTHER / UNKNOWN			DIRECTION OF TRAVEL					
WORK ZONE REL WORKERS PRESI LAW ENFORCEMI PRESENT  ACTIVE SCHOOL	ENT ENT	1 - LANE CLOSURE 2 - LANE SHIFT/CR 3 - WORK ON SHO OR MEDIAN	ROSSOVER		1 - BEFORE WARNING	E WARNING AREA ION AREA 'AREA		CONTOUR  1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL	1- DRY 2- WET 3- SNOW 4- ICE	SURFACE  2  1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT		
1 - DAYLIG 2 - DAWM 3 - DARK - 4 - DARK - 5 - DARK -		2 - CLOUE 3 - FOG, S 4 - RAIN	WEATHER  1 - CLEAR 6 - SNOW 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOS, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HAIL 99 - OTHER / UNKNOWN				4 - CURVE GRADE 9 - OTHER JUNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHERUNKNOWN	3. BRICK/BLOCK 4. SLAG, GRAVEL, STONE 5. DIRT 9. OTHER /UNKNOWN			
NARRATIVE UNIT 1 WAS	S E/B ON BRO	l_ ADWAY	IN CURB L	ANE NEA	R					Indicate the north direction with an "N" on the		
14218 BRO	ADWAY. UNIT	2 WAS	EXITING T	HE PARK	ING	. N		}	<u> </u>	compass diagram.		
LOT AT 142	200 BROADWA	Y AND F	AILED TO	YIELD UN	IIT 1	<u> </u>	2.0	=				
AND UNIT.	2.STRUCK UNI	T 1 ON I	PASSENGI	ER SIDE		MCCRA	CKEN					
						= .·			E 8			
								WAY				
								BROADWAY	[ <sup>7</sup> / <sub>2</sub>	14218		
						REPORT	TAKEN AT	STATION				
						NOT TO	SCALE					
	PORTED DATE/TIME	<u> 0 8 </u>	DISPATCH DAT			RRIVAL DATE/TIME	2 1 3 1	SCENE CLEAR  0 8 0 6 2 0 2	2 3   2 1 3 3	REPORT TAKEN BY POLICE AGENCY		
	TOTAL TIME ROADWAY OTHER INVESTIGATION TOTAL OFFICER'S NAME * CHECKED						FICER'S NAME*	MOTORIST  SUPPLEMENT				
0 1 1	OFFICER'S BADGE NUMBER'						CHECKED BY OFFICER'S BADGE	(CORRECTION ox ADDITION to se scatters service ask to core				

OHIO DEPARTMENT OF PUBLIC SAFETY UNIT	LOCAL REPORT NUMBER							
UNIT# OWNER NAME: LAST, FIRST, MIDDLE (BYNES WILLIE MAE)	Same As Driver)	R PHONE: INCLUDE AREA CODE (	Same As Driver)	DAMAGE DAMAGE SCALE				
OWNER ADDRESS: STREET, CITY, STATE, ZIP  1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 3 - FUNCTIONAL DAMAGE								
17802 WATERBURY AVE MAPLE HEIGHTS OH 44137  COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE								
COMMERCIAL GARRIER: NAME, ADDRESS, CIT, STATE, ZIP								
LP STATE LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE		DAMAGED AREA(S) INDICATE ALL THAT APPLY			
INSURANCE INSURANCE COMPANY	B <sub>1</sub> C <sub>1</sub> A <sub>1</sub> 2 <sub>1</sub> 9 <sub>1</sub> H <sub>1</sub> U <sub>1</sub> 4 <sub>1</sub> 5 <sub>1</sub> 1 <sub>1</sub> 2 <sub>1</sub> 4 <sub>1</sub> 6 Insurance policy#	S 2 0 1 7 VEHICLE COLOR	Hyundai VEHICLE MODEL	11 12 1	11 12 1			
VERIFIED STATEFARM  TYPE OF USE	3820667SFP35	3820667SFP35			10 11 1			
☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE	US DOT#	ED BT: COMPANY NAME		9 9 4	3 9 9 3 3			
INTERLOCK # OCCUPANTS  DEVICE HIT/SKIP UNIT	VEHICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	="	ERIAL CLASS# PLACARD ID#	8 7 6 5	8 7 5 4			
EQUIPPED 0 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELE	3 - >26K LBS.		PEDESTRIAN/SKATER	6	11 12 6			
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELE 9 - AUTOCYCLE	D 13 - SNOWMOBILE 19 - BUS 14 - SINGLE LINIT TRUCK 20 - OTHI	(16+ PASSENGERS) 24-V ER VEHICLE 25-C	VHEELCHAIR (ANY TYPE) OTHER NON- MOTORIST BICYCLE	10 2				
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE  UNIT TYPE 5 - CARGO VAN BICYCLE  6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE	15 - SEMI-TRACTOR 16 - EARM FOLIDMENT 22 - ANIN	EQUIPMENT 20 BICTOLE  L WITH RIDER OR 27 - TRAIN  L-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP		8 1 4				
(ATV / UTV)	11 - MOTORATOME			12	5 12			
# of TRAILING UNITS								
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?	1 - DRIVER ASSISTANCE AL	UTOMATION	NKNOWN	9 10 2 3	3 9 9 3 3			
2 1-YES 2-NO 9-OTHER/UNKNOWN AUTOMOBEL	MOUS E E	IGH AUTOMATION ULL AUTOMATION		7 6 7	8 7 5 7			
1 - NONE 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 7 - BUS - INTERCITY 8 - BUS - SHUTTLE	12 - MILITARY 17 - N		MAIL CARRIER OTHER /UNKNOWN	7 6 5	7 5 5			
SPECIAL SPECIAL SPECIAL SPECIAL 5 - BUS-TRANST//COMMUTER 10 - AMBULANCE 10 - AMBULANCE	14 - PUBLIC UTILITY 19 - 1	TOWING SAFETY SERVICE PATROL		v	12 12 12			
. 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER 8 - F		ONCRETE MIXER	12				
O 1 / NOT APPLICABLE MOTOR VEHICLE  CARGO BODY  A - LOGGING	6 - CARGO VAN/ENCLOSED BOX 10 -	FLAT BED 14 - G.	UTO TRANSPORTER ARBAGE/REFUSE THER / UNKNOWN	, ,	3 9 7 3 9 8 3			
TYPE        1-TURN SIGNALS	7 - WORN OR SLICK TIRES 9 - N	MOTOR TROUBLE 99.0	THER / UNKNOWN	6				
VEHICLE         2-HEAD LAMPS         5-STEERING           DEFECTS         6-TIRE BLOWOUT	8 - TRAILER EQUIPMENT 10 - E	DISABLED FROM PRIOR ACCIDENT			6 6 6			
1 - INTERSECTION - 3 - INTERSECTION - OTHER MARKED 4 - MIDBLOCK - MARKED CROSSWALK CROSSWALK	7 - SHOULDER/ROADSIDE 10 - E	DRIVEWAY ACCESS A	FIRST RESPONDER AT INCIDENT SCENE DTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	- UNDERCARRIAGE [14] - ALL AREAS [15]			
NOM-MOTORIST 2 - INTERSECTION - CRUSSWALK  LOCATION AT UNMARKED 5 - TRAVEL LANE-OTHER LOCAT  IMPACT CROSSWALK		- SIDEWALK 11 - SMARKED USE PATHS OR TRAILS			NOT AT SCENE [16]			
1 - NON-CONTACT 1 - STRAIGHT AHEAD 2 - NON-COLLISION	8 - ENTERING TRAFFIC LANE 14 - E	ENTERING OR CROSSING	APPROACHING OR LEAVING VEHICLE STANDING	INI	TIAL POINT OF CONTACT			
4 - STRUCK PRE-CRASH 4 - OVERTAKINGIPASSING	10 - PARKED 15 - V	WALKING, RUNNING, 21 -	OTHER NON-MOTORIST STANDING OUTSIDE	0 - NO DAMAGE	14 - UNDERCARRIAGE			
ACTION 5 - BOTH STRIKING ACTION 5 - MAKING RIGHT TURN 8 STRUCK 6 - MAKING LEFT TURN	IN TRAFFIC 16 - V	WORKING 99 -	DISABLED VEHICLE OTHER / UNKNOWN	1-12 - REFER TO I	UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN			
9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN 12 - DRIVERLESS 17 - PUSHING VEHICLE 13 - TOP							
1 - NONE 7 - LEFT OF CENTER 2 - FAILURE TO YIELD 8 - FOLLOWING TOO			YING IN ROADWAY NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC TRAFFIC CONTROL			
3 - RAN RED LIGHT CLOSE/ACDA 4 - RAN STOP SIGN 9 - IMPROPER LANE	14 - STOPPED OR PARKED E ILLEGALLY 19 - L	EQUIPMENT 23 - 0  LOAD SHIFTING/ FALLING/SPILLING	DPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT			
0 1 1 5 - UNSAFE SPEED 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		MDDODED CDOSSING	OTHER IMPROPER ACTION	2 2 - TWO-WAY	6 3 - FLASHER 6 - NO CONTROL			
CONTRIBUTING CIRCUMSTANCES				# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING  1 - NOT INVOLVED			
SEQUENCE OF EVENTS				4	2 - INVOLVED - ACTIVE CROSSING			
1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE	EVENTS  11 - CROSS CENTERLINE - 16 - R		WORK ZONE	4	3 - INVOLVED - PASSIVE CROSSING			
1 2 0 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF 17 - A TRAVEL 18 - A	NIMAL - FARM B NIMAL - DEER 23	MAINTENANCE EQUIPMENT STRUCK BY FALLING,	UNI	T / NON-MOTORIST DIRECTION			
4 - JACKKNIFE 8 - RAN OFF ROAD RIGHT 5 - CARGO, ICQUIPMENT 9 - RAN OFF ROAD LEFT 2, LOSS OR SHIFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 20 - M	NIMAL - OTHER S MOTOR VEHICLE IN A	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
To disobounces		PARKED MOTOR VEHICLE V	/EHICLE DTHER MOVABLE DBJECT	FROM   4   TO	3 - EAST 7 - SOUTHEAST			
3	COLLISION WITH FIXED OBJECT - STRUC		DOVE OF	FROM 4 TO	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
25 - IMPACT ATTENUATOR 31 - GUARDRAIL END / CRASH CUSHION 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 43 - C 38 - OVERHEAD SIGN POST 44 - D	ITCH E	IORKZONE MAINTENANCE QUIPMENT VALL	UNIT SPEED	DETECTED SPEED			
26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER STRUCTURE 34 - MEDIAN GUARDRAIL 27 - BRIDGE PIER OR ABUTMENT BARRIER	40 - UTILITY POLE 46 - FI	MBANKMEN I 52 - B ENCE 53 - T IAILBOX	BUILDING TUNNEL	0. 5				
28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER BARRIER	SUPPORT 48 - TI	DEE 54 - C	OTHER FIXED OBJECT OTHER / UNKNOWN	3   5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR			
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER				POSTED SPEED	3 - UNDETERMINED			
				0 5				
1 FIRST HARMFUL EVENT 1 HSY8304 OH1U 1/19 [760-0820]	MOST HARMFUL EVENT			3   5	PAGE OF			

OF PUBLIC SAFETY UNIT	LOCAL REPORT NUMBER  2   0   2   3   2   1   9   3							
UNIT# OWNER NAME: LAST, FIRST, MIDDLE (■ Same	e As Driver)	ER PHONE: INCLUDE AREA CODE	Same As Driver)	DAMAGE  DAMAGE SCALE				
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Dri		1 - NONE 3 - FUNCTIONAL DAMAGE						
8 3907 MAPLECREST AVE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		3 - UNKNOWN						
Commendate Condition. Manual Applicacy, Chi., Chine, Elif		MERCIAL CARRIER PHONE: INCLUDE ARE			DAMAGED AREA(S)			
	HICLE IDENTIFICATION # SIMIX   HI 7   1   2   4   3   7	VEHICLE YEAR  5. 2.0.1.7.	VEHICLE MAKE Chevrolet	INDICATE ALL THAT APPLY				
INSURANCE COMPANY	INSURANCE POLICY#	VEHICLE COLOR	VEHICLE MODEL	11 12	11 12 1			
VERIFIED TYPE OF USE	US DOT# TO\	GRY WED BY: COMPANY NAME	Equinox	10 1 2	10 1 2			
☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE					3 9 9 3 3			
INTERLOCK  DEVICE EQUIPPED  # OCCUPANTS  # OCCUPANTS  0 1	2 - 10,001 - 26K LBS.	HAZARDOUS MAT  MATERIAL RELEASED  PLACARD	TERIAL  CLASS# PLACARD ID#	8 7 8 5	8 7 9 5 4 11 12 1 6 5			
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE	13 - SNOWMOBILE 19 - BU	JS (16+ PASSENGERS) 24 - THER VEHICLE 25 -	PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE) OTHER NON- MOTORIST	10	12 1 1 1 1 1 2			
4 - PICK UP 10 - MOPED OR MOTORIZED  IINIT TYPE 5 - CARGO VAN BICYCLE	15 - SEMI-TRACTOR 21 - HE 16 - FARM EQUIPMENT 22 - AN AN	IIMAL WITH RIDER OR 27 -	BICYCLE TRAIN UNKNOWN OR HIT/SKIP	9 3 3				
6- VAN (9-15 SEATS)  (ATV / UTV)  17 - MOTORHOME  17 - MOTORHOME								
# 0F TRAILING UNITS								
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?	1 - DRIVER ASSISTANCE	DRIVER ASSISTANCE AUTOMATION			3 9 9 3			
2 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION			8 4 7				
1 - NONE 6 - BUS - CHARTER/TOUR 2 - TAXI 7 - BUS - NTERCITY 8 - BUS - NTERCITY 8 - BUS - SHUTTLE 1 - BUS - B	12 - MILITARY 17		- MAIL CARRIER - OTHER /UNKNOWN	7 6 5	7 6 5			
SPECIAL   4 - SCHOOL TRANSPORT   9 - BUS - OTHER   5 - BUS-TRANSIT/COMMUTER   10 - AMBULANCE   FUNCTION	14 - PUBLIC UTILITY 19	- TOWING - SAFETY SERVICE PATROL		·	12 12 12			
O 1 1-NO CARGO BODY TYPE 3-VEHICLE TOWING ANOTHER			CONCRETE MIXER AUTO TRANSPORTER	12 0 0				
O 1 1 2 / NOT APPLICABLE MOTOR VEHICLE  CARGO BODY  TYPE	6 - CARGO VAN/ENCLOSED BOX 10	) - FLAT BED 14 - 0	GARBAGE/REFUSE OTHER / UNKNOWN	, ,	3 9 7 3 9 8 3			
1 - TURN SIGNALS 4 - BRAKES		- MOTOR TROUBLE 99 - 4 - DISABLED FROM PRIOR	OTHER / UNKNOWN	6	$\begin{array}{ c c }\hline \\ \hline \\ \hline \end{array}$			
2 - HEAD LAMPS   5 - STEERING	DEFECTIVE	ACCIDENT  9 - MEDIAN/CROSSING ISLAND  12 - FIRST RESPONDER			6 6 6			
MARKED 4 - MIDBLOCK - MARKED CROSSWALK CROSSWALK CROSSWALK	7 - SHOULDER/ROADSIDE 10 - 8 - SIDEWALK 11 -	- DRIVEWAY ACCESS - SHARED USE PATHS OR 99 -	AT INCIDENT SCENE OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14]  - ALL AREAS [15]			
LOCATION AT UNMARKED 5- IRAVEL LANE-OTHER LOCATION  IMPACT CROSSWALK		TRAILS  IJ-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING			NOT AT SCENE [16]			
1 - NON-CONTACT 1 - STRAIGHT AHEAD  2 - NON-COLLISION 2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 14	- ENTERING OR CROSSING	OR LEAVING VEHICLE - STANDING - OTHER NON-MOTORIST	INIT	TAL POINT OF CONTACT			
4 - STRUCK PRE-CRASH 4 - OVERTAKING-PASSING ACTION 5 - BOTH STRIKING 5 - MAKING RIGHT TURN 5 - MAKING RIGHT TURN 5 - MAKING RIGHT TURN	10 - PARKED 15- 11 - SLOWING OR STOPPED	KED 15 - WALKING, RUNNING, WING OR STOPPED JOGGING, PLAYING		1 2 0 - NO DAMAGE	14 - UNDERCARRIAGE NIT 15 - VEHICLE NOT AT SCENE			
& STRUCK 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN		16 - WORKING 99 - OTHER / UNKNOWN 17 - PUSHING VEHICLE		DIAGRAM 13 - TOP	99 - UNKNOWN			
					TRAFFIC			
1 - NONE 7 - LEFT OF CENTER 2 - FAILURE TO YIELD 8 - FOLLOWING TOO 3 - RAN RED LIGHT CLOSE/ACDA	IO INII ITOI EITOI IITTI IITOIII	- OPERATING DEFECTIVE 22 -	- LYING IN ROADWAY - NOT DISCERNABLE - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN			
4 - RAN STOP SIGN 9 - IMPROPER LANE CHANGING 10   2   5 - UNSAFE SPEED 10 - IMPROPER PASSING	ILLEGALLY 19 15 - SWERVING TO AVOID	- LOAD SHIFTING/ FALLING/SPILLING 99 -	ROADWAY - OTHER IMPROPER	1 - ONE-WAY 2 2 - TWO-WAY	6   2 - SIGNAL 5 - YIELD SIGN			
6 - IMPROPER TURN 11 - DROVE OFF ROAD  CONTRIBUTING 12 - IMPROPER BACKING	10 - WKONG WAT	iiii iio Ei otoooiio	ACTION	# OF THROUGH LANES	3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING			
CIRCUMSTANCES				ON ROAD	1 - NOT INVOLVED			
SEQUENCE OF EVENTS	EVENTS			_4_	2 - INVOLVED - ACTIVE CROSSING  3 - INVOLVED - PASSIVE CROSSING			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	11 - CROSS CENTERLINE - 16 - OPPOSITE DIRECTION OF 17 -	- ANIMAL - FARM	WORK ZONE MAINTENANCE EQUIPMENT		WANTED OF THE STATE OF THE STAT			
4 - MMERSION UNITS 4 - JACKINNIFE 8 - RAN OFF ROAD RIGHT 5 - CARGO / EQUIPMENT 9 - RAN OFF ROAD LIEFT	12 - DOWNHILL RUNAWAY 19 - 13 - OTHER NON-COLLISION 20 -	- ANIMAL - DEER - ANIMAL - OTHER 23 -	STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN	UNIT	/ NON-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST			
2 LOSS OR SHIFT 10 - CROSS MEDIAN	14 - PEDESTRIAN	TRANSPORT - PARKED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE - OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST			
3	COLLISION WITH FIXED OBJECT - STRU		OBJECT OBJECT	FROM 2 TO	1 4- WEST 8-SOUTHWEST			
25 - IMPACT ATTENUATOR 31 - GUARDRAIL END / CRASH CUSHION 32 - PORTABLE RABBIER	37 - TRAFFIC SIGN POST 43 -	· CURB 50 -	WORKZONE MAINTENANCE EQUIPMENT	UNIT SPEED	9 - OTHER / UNKNOWN			
26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER STRUCTURE 34 - MEDIAN GUARDRAIL	39 - LIGHT/LUMINARIES SUPPORT 45 - 46 - UTILITY POLE 46 -	EMBANKMENT 51 - FENCE 52 -	WALL BUILDING TUNNEL	GNII SPEED	DETECTED SPEED			
27 - BRIDGE PIER OR ABUTMENT BARRIER 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER 29 - BRIDGE RAIL BARRIER	SUPPORT 48 -	TREE 54 -	OTHER FIXED OBJECT OTHER / UNKNOWN	5	1 - STATED/ESTIMATED SPEED			
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER				POSTED SPEED	2 - CALCULATED / EDR  3 - UNDETERMINED			
<u> </u>								
1 FIRST HARMFUL EVENT 1 MO	ST HARMFUL EVENT			3   5	PAGE OF			

OHIO DEPARTMENT	MOTODICT / N/	AN MATAR	CT				LOCAL	REPORT NUMBER			
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	MOTORIST / NO	JN-MOTOR	51			2 0	2   3   2	1   9   3			
M UNIT # NAME: LAST, FIR	ST, MIDDLE								GENDER		
BYNES WILLIE MAE						0   7   1   0   1   9   5   9     6   4       F					
ADDRESS: STREET, CITY, STATE, ZIP  S 17802 WATFI				<i></i>		CONTACT PHONE -	INCLUDE AREA CODE				
T 17002 W/(IE	RBURY AVE		APLE HEIGHTS ( ICAL FACILITY (NAME, CITY)	SAFETY EQUIPME			SEATING POSITION	AIR BAG USAGE EJE	CTION TRAPPED		
5   IAAEN BY				USED	0  4   -	DOT-COMPLIANT MC HELMET	0   1	1 1 1	1 1		
	ENSE NUMBER	OFFENSE			ENSE DESCRIPTION			CITATION NUMBER			
0 T				CODE							
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED		ONDITION STATUS	ALCOHOL TEST TYPE	VALUE STAT	DRUG TEST(S	RESULT SELECT UP TO 4		
s 4			ALCOHOL MARJUA		1 1 1	<sub>  1  </sub>   <sub>-</sub>	1 1	1 1	11 11 11		
M UNIT# NAME: LAST, FIR	ST, MIDDLE		Ц				DATE OF BIRTH	AGE	GENDER		
FRIT.	7	ALAN	GARY			0 4 0	9   1   9	8   8     3   5			
R ADDRESS: STREET, CITY, STATE, ZIP		7127111	IN GART				NCLUDE AREA CODE				
0001	ECREST AVE	P/	PARMA OH 44134								
N BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	SAFETY EQUIPME USED		DOT-COMPLIANT	SEATING POSITION		CTION TRAPPED		
N 5		OFFENSE	CHARCED	L CON L CETE	9 9 U	MC HELMET	0   1	CITATION NUMBER	_1		
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE		CODE	:NSE DESCRIPTION			CITATION NUMBER			
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTED		ONDITION	ALCOHOL TEST		DRUG TEST(S	5)		
R SELECT UP TO 2		DISTRACTED BY	ALCOHOL MARIJUA		STATUS	1 4 1	VALUE STATU	IS TYPE	RESULT SELECT UP TO 4		
			OTHER DRUG		1 1	1		_1			
M UNIT # NAME: LAST, FIR	ST, MIDDLE						DATE OF BIRTH	AGE	GENDER		
0											
R ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
S T / INJURIES INJURED		ALLEGE VICENTE MED	CAL FACILITY (NAME, CITY)	SAFETY EQUIPMEN	NT I		SEATING POSITION	AIR BAG USAGE EJE	CTION TRAPPED		
N BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MIEDI	CAL FACILITY (NAME, CITY)	USED		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE EJE	STION TRAPPED		
OL STATE OPERATOR LIG	ENSE NUMBER	OFFENSE	CHARGED	LOCAL OFFE	ENSE DESCRIPTION	L		CITATION NUMBER			
M O				CODE							
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED	cc	ONDITION	ALCOHOL TEST		DRUG TEST(S			
		BY	ALCOHOL MARIJUA	NA I	STATUS	TYPE	VALUE STATU	JS TYPE	RESULT SELECT UP TO 4		
			OTHER DRUG								
INJURIES 1 - FATAL	SEATING POSITION  1 - FRONT - LEFT SIDE	1 - NOT DEPLOYED	0L CLASS 1 - CLASS A	S	OL RESTRICTION  1 - ALCOHOL INTERLOCK		DRIVER DISTRACTION DISTRACTED	1 - NONE GIVEN	EST STATUS		
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER)  2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRASTATE ONLY		UALLY OPERATING AN CTRONIC 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	DEV	CE (TEXTING, TYPING,	3 - TEST GIVEN, CO SAMPLE / UNUS			
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT 5 - NOT APPLICABLE	SIDE 4 - REGULAR CLASS (OHIO : 5 - M / C MOPED ONLY	= D)	4 - FARM WAIVER 5 - EXCEPT CLASS A BUS	DIALI 3 - TALI	NG) (ING ON HANDS-FREE	4 - TEST GIVEN, RE	ESULTS KNOWN		
	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		MUNICATION DEVICE	5 - TEST GIVEN, RE	ESULTS UNKNOWN		
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)				7 - EXCEPT TRACTOR-TRAIL 8 - INTERMEDIATE LICENSE	LER COM	KING ON HAND-HELD MUNICATION DEVICE				
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE				RESTRICTIONS	5-OTH	ER ACTIVITY WITH AN CTRONIC DEVICE				
2 - EMS 3 - POLICE	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION  1 - NOT EJECTED	OL ENDORSEM	MENT	9 - LEARNER'S PERMIT RESTRICTIONS	6 - PAS	SENGER	1 - NONE	HOL TEST TYPE		
9 - OTHER / UNKNOWN	TRUCK CAB  11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE		10 - LIMITED TO DAYLIGHT ONLY		ER DISTRACTION INSIDE VEHICLE	2 - BLOOD			
			D. DAGOSNOSD		11 - LIMITED TO EMPLOYME	ENT 8 - OTH	ER DISTRACTIONS OUTSIDE	3 - URINE			
	ENCLOSED CARGO AREA (NON-TRAILING LINIT, BUS	3 - TOTALLY EJECTED	P - PASSENGER		42 LIMITED OTHER	TUE					
SAFETY EQUIPMENT	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED 4 - NOT APPLICABLE	N - TANKER		12 - LIMITED - OTHER 13 - MECHANICAL DEVICES	THE 9-OTH	ER / UNKNOWN	4 - BREATH			
1 - NONE USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	4 - NOT APPLICABLE	N - TANKER Q - MOTOR SCOOTER					4 - BREATH 5 - OTHER			
	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN		N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORO	CYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	9 - OTH		5 - OTHER			
NONE USED     SHOULDER BELT ONLY USED     LAP BELT ONLY USED     SHOULDER & LAP BELT USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE  TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY	N - TANKER Q - MOTOR SCOOTER		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ON 15 - MOTOR VEHICLES	9 - OTH		5 - OTHER	JG TEST TYPE		
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NONE USED     SHOULDER BELT ONLY USED     LAP BELT ONLY USED     SHOULDER & LAP BELT USED     CHILD RESTRAINT SYSTEM	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED CARCO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	4 - NOT APPLICABLE  TRAPPED  1 - NOT TRAPPED  2 - EXTRICATED BY MECHANICAL MEANS	N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORC S - SCHOOL BUS T - DOUBLE & TRIPLE TRAIL X - TANKER / HAZMAT		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ON 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID	9-OTH		5 - OTHER  ORI 1 - NONE 2 - BLOOD 3 - URINE	JG TEST TYPE		
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HSY8306 OH1M 1/19 [760-1500] PAGE OF