OF PUBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*					
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION									2 0 2 4 0 3 5 3					
SECONDARY CRASH		OTHER	REPORTING AGENC				8 2 0	HIT/SKIP 1 - Solved 2 - Unsolved	NI IMPED OF LINITS	0 2 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALI		LOCATION: CITY, V	GARFIEI	_D HEIGI	HTS			CRASH DA	CRASH SEVERITY					
	1 - CITY *		LD HTS					10 2 1 1 2 0 2	3 1- FATAL 2 - SERIOUS INJURY SUSPECTED					
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST	LOCATION R			I ATITUDE DECIMAL DECIDEES 3-							
		4-WEST E.139TH S T							6 9 9 7	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
ROUTE TYPE	ROUTE NUMBER	PREFIX	2 - SOUTH 3 - EAST 4 - WEST	REFEREN 5707	CE ROAD NAME (ROAD, MILEPOST, H	IOUSE #)	ROAD TYPE	- 8   1   - 6   0		ONLI				
REFERENCE POINT  1 - INTERSECTION 2 - MILE POST 3 - HOUSE #  DISTANCE EDAM DECEDEMPE	DISTANCE    Auto   Control	US - FEI SR - ST/ CR - NU TR - NU	ROLITE TYPE ERSTATE ROUTE (TP) DERAL US ROUTE ATE ROUTE MBERED COUNTY ROU MBERED TOWNSHIP UTE		AL - ALLEY HW AV - AVENUE LA- BL - BOULEVARD MP- CR - CIRCLE OV - CT - COURT PK - DR - DRIVE PI - I	LANE S MILEPOST S OVAL TI PARKWAY TI	D - ROAD Q - SQUARE T - STREET E - TERRACE - TRAIL (A - WAY	☐ WITHIN INTERSE	INTERSECTION RELATI CTION OR ON APPROACH ANGE AREA ROADWAY	D NUMBER OF APPROACHES				
5	2 3 - Yards							☐ ROADWAY DIVID						
0 1 1 2-0 ROA (20 2-0 N SHO) 3-1 N MEDI 4-0 N ROA 5-0 N COA 6-0 UTSID TRAFFIC 7-0 N RAM 8-0 FF RAI	ULDER	ER Y/ALLEY GRADE G USE PATHS S E E DITH UNKNOWN	6	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	9 - OTHER / UN	EAR , SAME DIRECTION , OPPOSITE DIRECTION KNOWN		DIRECTION OF TRAVEL  1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	(-4   2 - DIVI (-24   3 - DIVI (-4   4 - DIV (-4   4 - DIVI (-4   4 - DIV (-4   4 - DIVI (-4   4	MEDIAN TYPE  DED FLUSH MEDIAN FEET) DED FLUSH MEDIAN FEET) DED, DED FRESED MEDIAN DED, DESED MEDIAN TYPE) ER / UNIKNOWN				
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT  ACTIVE SCHOOL ZONE	1- 2- 3- 4- 5-	WORK ZO LANE CLOSURE LANE SHIFT/CROS WORK ON SHOUL OR MEDIAN INTERMITTENT OR OTHER	DER		1 - BEFORE WARNIN	E WARNING AREA TION AREA Y AREA		CONTOUR  1 1. STRAIGHT LEVEL 2 - STRAIGHT GRADE 3. CURVE LEVEL 4 - CURVE GRADE	1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT,	SURFACE  2  1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK				
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHT 4 - DARK - ROAD	TED ROADWAY DWAY NOT LIGHTED NOWN ROADWAY LIGHTING	1	1 - CLEAR 2 - CLOUD 3 - FOG, S 4 - RAIN 5 - SLEET,	MOG, SMOKE	6 - SNOW 7 - SEVERE CROSSWI 8 - BLOWING SAND, S 9 - FREEZING RAIN OR 99 - OTHER / UNKNOW	OIL, DIRT, SNOW FREEZING DRIZZLE		9 - OTHER JUNKNOWN	OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN				
NARRATIVE						; ;				Indicate the north				
UNIT 1 WAS 7	TRAVELING N	/B ON E	.139TH S	T, WHILE	<u> </u>					direction with an "N" on the compass diagram.				
UNIT 2 WAS 7	TRAVELING D	IRECTL	Y BEHIND	UNIT 1.	UNIT			ř I	ľ					
1 THEN ATTE	MPTED TO M	AKE A F	RIGHT HA	ND TURI	١	™ N ₫		ly of						
INTO THE DR	RIVE WAY OF S	5707.E.1	139TH AN	D.UNIT 2										
WAS TRAVEL	ING TO CLOS	E, STR	IKING THI	E RIGHT				L L						
SIDE OF UNI	Т. 1,													
									_	5707				
						· - ·			E.139TH					
									-					
						NOT TO	SCALE							
CRASH REPORTE			DISPATCH DATI			ARRIVAL DATE/TIME	.4.4.4.2	<b>l</b>	RED DATE/TIME	REPORT TAKEN BY POLICE AGENCY				
10   2   1   1   2   0   2   1   1   2   0   2   1   1   2   0   2   1   1   1   1   1   1   1   1   1	4   1 4 0 7    OTHER INVESTIGATION	TOTAL			8   02111	2 0 2 4		0 2 1 1 2 0 2 FICER'S NAME*	( 4   1 4 4 5	MOTORIST				
CLOSED	TIME	MINUTE		ee	ER'S BADGE NUMBER*		N. Rossi	CHECKED BY OFFICER'S BADGE	NI IMRED*	SUPPLEMENT (CORRECTION or ADDITION				
0		3 3		0 0	_			S   1   3	NUMBER:	to we known war-did sale title come				

	OH OF SAPET	IO DEPARTMENT PUBLIC SAFETY TY - BERVICE - PROTECTION						2,0,2,4,0	LOCAL REPORT NUMBER			
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE CANADY TE	· ( San RRIONA LENAI	ne As Driver)	OWNER P	HONE: INCLUDE AREA CODE	( Same As Driver)	DAMAGE DAMAGE SCALE				
ER		SS: STREET, CITY, STATE, ZIP	( Same As D	river)				1 - NONE	3 - FUNCTIONAL DAMAGE			
OWN	14600			MAPLE I			44137	3 2 - MINOR DAMAGE 9 - UNKNOWN 4 - DISABLING DAMAGE				
	COMMERCIAL CA	RRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERC	IAL CARRIER PHONE: INCLUDE	AREA CODE					
F	LP STATE	LICENSE PLATE #	V	EHICLE IDENTIFICATION #	VEHICLE YEAR VEHICLE MAKE INDICATE ALL THAT APPLY				DAMAGED AREA(S) INDICATE ALL THAT APPLY			
	O_H	JTM9278		D V 9 L C 1 9 1	6,3,4	_2_0_2_0	Nissan	11 12 1	11 12			
		IRANCE RIFIED INSURANCE COMPANY		INSURANCE POLICY#		VEHICLE COLOR  BLK	VEHICLE MODEL Altima	10 12	2 10 11 1 2			
		TYPE OF USE	IN EMERGENCY	US DOT#	TOWED	BY: COMPANY NAME		9 9 2	3 9 9 3 3			
	COMMERC		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	<b>-</b>	HAZARDOUS I	MATERIAL	7 5 5	4 8 7 5 4			
	INTERLO DEVICE EQUIPPE			2 - 10,001 - 26K LBS.	☐ MATERIAL RELEASED CLASS# PLACARD ID#			7 6 5	11 12 7 6 5			
	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART				18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER			10 /	12 1 2			
	<sub> </sub> 0 <sub> </sub> 1 <sub> </sub>	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	20 - OTHER	VEHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE	9	9 3 3			
	UNIT TYPE	4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME			27 - TRAIN 99 - UNKNOWN OR HIT/SKIP					
J.		<i>yy</i>	(ATV / UTV)					12	5 12			
VEHICLE		# OF TRAILING UNITS						10 12	2 10 11 12			
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	MOUS MODE 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CON	DITIONAL DMATION	9 - UNKNOWN	10 1 2	10 2			
	2	1 - YES 2 - NO 9 - OTHER / UNKNOW	AUTONOMOUS	2 DADTIAL ALITOMATION	4 - HIGH	MATION LAUTOMATION AUTOMATION		8 4 -	9 3 4 - 3			
	- 2 TAYL 7 BUS INTERCITY			11 - FIRE 12 - MILITARY	16 - FAF 17 - MO		21 - MAIL CARRIER 99 - OTHER /UNKNOWN	8 7 6	4			
	0 1	3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY		13 - POLICE	18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			6	6			
	FUNCTION				20 - 3Ar	ETT SERVICE PATROL		12	12 12 12			
	1011	2 - BUS 4 - LOGGING 6 - CARGO VANEN/LOSED BOX 7 - GRAINCHPSIGRAVEL  TYPE 7 - WORN OR SLICK TIRES 9 - W		CHASSIS	8 - POLE 12 - CONCRETE MIXER 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE		. M .					
	CARGO BODY TYPE				10 - FL	11 DED	9 - OTHER / UNKNOWN	,60,	9 3 9 7 3 9 8 3			
				7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 10 - DISABLED FROM PRIOR			6				
F	DEFECTS	3 - TAIL LAMPS  1 - INTERSECTION -	6 - TIRE BLOWOUT  3 - INTERSECTION - OTHER	DEFECTIVE  6 - BICYCLE LANE	ACCIDENT  9 - MEDIANICROSSING ISLAND  12 - FIRST RESPONDER		- NO DAMAGE [0] - UNDERCARRIAGE [14]					
	NON-MOTORIST	MARKED CROSSWALK 2 - INTERSECTION -	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI 11 - SHA	VEWAY ACCESS RED USE PATHS OR	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- TOP [13]	- ALL AREAS [15]			
	LOCATION AT IMPACT	UNMARKED CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION		TRA		18 - APPROACHING		IT NOT AT SCENE [16]			
	4	1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - EN	ECTIATING A CURVE ERING OR CROSSING CIFIED LOCATION	OR LEAVING VEHICLE 19 - STANDING	IN	NITIAL POINT OF CONTACT			
		3 - STRIKING 4 - STRUCK PRE-CRASH ACTION	3 - CHANGING LANES 4 - OVERTAKING/PASSING	10 - PARKED  11 - SLOWING OR STOPPED	20 - OTHER NON-MOTORIST 15 - WALKING, RUNNING, 21 - STANDING OUTSIDE  JOGGING, PLAYING DISABLED VEHICLE		0 3 0 - NO DAMAGE					
		5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WORKING 99 - OTHER / UNKNOWN 17 - PUSHING VEHICLE			DIAGRAM 13 - TOP	99 - UNKNOWN			
									TRAFFIC			
		1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO	13 - IMPROPER START FROM A PARKED POSITION			21 - LYING IN ROADWAY 22 - NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC CONTROL			
		3 - RAN RED LIGHT 4 - RAN STOP SIGN	CLOSE/ACDA  9 - IMPROPER LANE CHANGING	14 - STOPPED OR PARKED ILLEGALLY	EQL 19 - LOA	JIPMENT D SHIFTING/	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	15 - SWERVING TO AVOID 16 - WRONG WAY		LING/SPILLING ROPER CROSSING	99 - OTHER IMPROPER ACTION	2 - TWO-WAY	6 - NO CONTROL			
	CONTRIBUTING CIRCUMSTANCES		12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING			
T(S)	PEOUENCE:	FUENTS							1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING			
EVEN	SEQUENCE OF			EVENTS				_2_	3 - INVOLVED - PASSIVE CROSSING			
	1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANII	MAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT	1114	NIT / NON-MOTORIST DIRECTION			
		3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	18 - ANIMAL - DEER EQUIPMENT  19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, 20 - MOTOR VEHICLE IN ANYTHING SET IN		UN UN	1 - NORTH 5 - NORTHEAST				
	2	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE		NSPORT KED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST			
	3   1			COLLISION WITH FIXED OBJECT	STRUCK		24 - OTHER MOVABLE OBJECT	FROM 2 TO	5 4-WEST 8-SOUTHWEST			
		25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CUF		50 -WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN			
	4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	44 - DITO 45 - EMB 46 - FEN	ANKMENT	EQUIPMENT 51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED			
	5	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	46 - FEN 47 - MAIL 48 - TRE	BOX	53 - TUNNEL 54 - OTHER FIXED OBJECT	_ 5	1 1 - STATED/ESTIMATED SPEED			
		29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT		HYDRANT	99 - OTHER / UNKNOWN		2 - CALCULATED / EDR			
	6							POSTED SPEED	3 - UNDETERMINED			
	4		,					2   5				
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_	OH OF SAPET	O DEPARTMENT PUBLIC SAFETY UNIT						2,0,2,4,0	LOCAL REPORT NUMBER			
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE THACKER S	ETEVEN JOSE	Same As Driver) PH	OWNER P	HONE: INCLUDE AREA CODE (	Same As Driver)	DAMAGE DAMAGE SCALE				
NER		SS: STREET, CITY, STATE, ZIP	( 🖪 Same As	·				1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE			
МО	4661	W 158 ST		CLEVELA		OH 4		3 2-MINOR DAMAGE	9 - UNKNOWN			
		,,							DAMAGED AREA(S)			
Ī	LP STATE	LICENSE PLATE # JYX8986	. L.T.E.B.U	VEHICLE IDENTIFICATION #   1   7   R   5   6   0   0   9   3	1, 1, 2,	VEHICLE YEAR	vehicle MAKE Toyota	INDICATE ALL THAT APPLY				
	INSURANCE COMPANY INSURANCE POLICY#			INSURANCE POLICY#		VEHICLE COLOR	VEHICLE MODEL	2 10 12				
	■ VEF	STATE FAR		3353244-SFP-3		BLK BY: COMPANY NAME	4-Runner	10 2	1 1 2			
	☐ COMMERC	CIAL GOVERNMENT	IN EMERGENCY RESPONSE	VEHICLE WEIGHT GVWR/GCWR	<u> </u>	HAZARDOUS MA	TEDIAL	3 4 7	8 4 7			
	INTERLOCK DEVICE HIT/SKIP UNIT EQUIPPED		# OCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	☐ MATERIAL RELEASED CLASS# PLACARD ID#		8 7 6 5	12 7 6 5				
	2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-W		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	- SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)			10 11 2				
	0	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	22 - ANIMAL	. WITH RIDER OR 27	- BICYCLE - TRAIN - UNKNOWN OR HIT/SKIP	9	· 8 · 4 · 3			
щ	5 · · · · · ·	6 - VAN (9-15 SEATS)	(ATV / UTV)	17 - MOTORHOME				12	7 6 5 12			
VEHICLE		# OF TRAILING UNITS						10 12 1	2 10 12 1			
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	MOUS MODE 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	AUTO	OMATION	UNKNOWN	10 2	3 9 10 2			
	2	1-YES 2-NO 9-OTHER/UNKNO	WN AUTONOM MODE LE	2 - PARTIAL AUTOMATION		AUTOMATION AUTOMATION		8 4 5	8 4 7			
	O 1 2 - TAXI 7 - BUS - INTERCITY		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE	11 - FIRE 12 - MILITARY 13 - POLICE	17 - MO	16 - FARM 21 - MAIL CARRIER 17 - MOWING 99 - OTHER /UNKNOWN 18 - SNOW REMOVAL		, , ,	7 6 5			
		4 - SCHOOL TRANSPORT         9 - BUS - OTHER         14 - PUBLIC UTILITY           SPECIAL         5 - BUS-TRANSIT/COMMUTER         10 - AMBULANCE         15 - CONSTRUCTION EC			19 - TOWING			v	12 12 12			
	0 1	2 - BUS			8 - POLE 12 - CONCRETE MIXER		12 6 0					
	CARGO BODY			6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER / UNKNOWN			9 3 9 3 9 3 9 3 3				
	1 1 1			7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 10 - DISABLED FROM PRIOR			6				
Ļ	VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS  1 - INTERSECTION -			ACCIDENT  9 - MEDIANICROSSING ISLAND  12 - FIRST RESPONDER			6 6 6				
	NON-MOTORIST	MARKED CROSSWALK 2 - INTERSECTION -	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI <sup>1</sup> 11 - SHA	VEWAY ACCESS IRED USE PATHS OR 99	AT INCIDENT SCENE - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	- UNDERCARRIAGE [14]  - ALL AREAS [15]			
	LOCATION AT IMPACT	UNMARKED CROSSWALK 1 - NON-CONTACT	5 - TRAVEL LANE-OTHER LOCATION  1 - STRAIGHT AHEAD	7 - MAKING U-TURN	TRAILS  13 - NEGOTIATING A CURVE 18 - APPROACHING				T NOT AT SCENE [16]			
	•	2 - NON-COLLISION 3 - STRIKING	2 BACKING	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENT	TERING OR CROSSING	OR LEAVING VEHICLE 9 - STANDING 0 - OTHER NON-MOTORIST	INITIAL POINT OF CONTACT				
		4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTION		10 - PARKED 11 - SLOWING OR STOPPED	10 - PARKED 15 - WALKING, RUNNING, 21 11 - SLOWING OR STOPPED JOGGING, PLAYING		1 - STANDING OUTSIDE DISABLED VEHICLE	1 1 0 - NO DAMAGE 1-12 - REFER TO	14 - UNDERCARRIAGE UNIT 15 - VEHICLE NOT AT SCENE			
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS		RKING 9 SHING VEHICLE	9 - OTHER / UNKNOWN	DIAGRAM 13 - TOP	99 - UNKNOWN			
						01.00070145			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 EQL	ERATING DEFECTIVE 22 JIPMENT 23	- LYING IN ROADWAY - NOT DISCERNABLE - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN			
	10181	4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	FAL	AD SHIFTING/ LING/SPILLING ROPER CROSSING	ROADWAY  - OTHER IMPROPER ACTION	1 - ONE-WAY 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
	CONTRIBUTING CIRCUMSTANCES		11 - DROVE OFF ROAD 12 - IMPROPER BACKING				, o rot	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING			
(S)								en redu	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING			
EVENT(	SEQUENCE OF	EVENTS		EVENTS				2	3 - INVOLVED - PASSIVE CROSSING			
	1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANI	MAL - FARM	- WORK ZONE MAINTENANCE EQUIPMENT	IIM	IIT / NON-MOTORIST DIRECTION			
		4 - JACKKNIFE 5 - CARGO / EQUIPMENT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN	18 - ANIMAL - DEER  19 - ANIMAL - OTHER  20 - MOTOR VEHICLE IN  21 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN		UN UN	1 - NORTH 5 - NORTHEAST				
	<sup>2</sup> L	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE		NSPORT KED MOTOR VEHICLE 24	MOTION BY A MOTOR VEHICLE - OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST  3 - EAST 7 - SOUTHEAST			
	3			COLLISION WITH FIXED OBJECT	OBJECT			FROM 2 TO	1 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CUF 44 - DITC	H 51	-WORKZONE MAINTENANCE EQUIPMENT - WALL	UNIT SPEED	DETECTED SPEED			
		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR	45 - EMB 46 - FEN 47 - MAIL	CE 52 BOX 53	- BUILDING - TUNNEL					
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48 - TREI	E 54	- OTHER FIXED OBJECT - OTHER / UNKNOWN	2   0	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR			
	6 1 1		36 - MEDIAN OTHER BARRIER					POSTED SPEED	3 - UNDETERMINED			
								, 2 . 5				
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OHIO DEPARTMENT	MOTORIST / NO	ON MOTORI	СT				LOCAL REPORT NU	IMBER			
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	WOTORIST / NO	JN-WOIORI	31			2 0 2 4	0 3 5	5   3			
M UNIT# NAME: LAST,	FIRST, MIDDLE					-			GENDER		
CAN  ADDRESS: STREET, CITY, STATE, Z	IADY	TERRIONA	LENAI			0   4   1   9   1			F		
		844		011 444	107	CONTACT PHONE - INCLUDE AREA CO	DE I I				
1 INJURIES INJURED TAKEN	EMS AGENCY (NAME)		APLE HEIGHTS CAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	т	SEATING PO	DSITION AIR BAG	SUSAGE EJECTION	TRAPPED		
3 BY 1	GARFIELD HTS SQ	UAD			0   4   □	DOT-COMPLIANT MC HELMET 0	1 3	_1	_ 1		
	LICENSE NUMBER	OFFENSE C	HARGED	LOCAL OFFEN	NSE DESCRIPTION		CITATION	N NUMBER			
0 T											
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED  ALCOHOL MARUIL		NDITION STATUS	ALCOHOL TEST TYPE VALUE	STATUS	TYPE RESULT S	SELECT UP TO 4		
s 4			OTHER DRUG		1	_1		1			
M UNIT# NAME: LAST,	FIRST, MIDDLE					DATE OF	BIRTH	AGE	GENDER		
THA	CKER	STEVEN	JOSEP	<u>'H</u>		0 1 1 2 1	9 9 6	2 8	М		
R ADDRESS: STREET, CITY, STATE, Z						CONTACT PHONE - INCLUDE AREA COI	DE				
4661 W 158	B ST EMS AGENCY (NAME)		EVELAND CAL FACILITY (NAME, CITY)	OH 441		SEATING PO	ISITION AIR BAG	USAGE EJECTION	TRAPPED		
N TAKEN BY		INSURED TAKEN TO: MEDIC	ALTAGETT (Name, CITT)	USED	0   4   -	DOT-COMPLIANT MC HELMET   0	1   1	1 1	1		
N	LICENSE NUMBER	OFFENSE C	HARGED	LOCAL OFFENS	ISE DESCRIPTION			N NUMBER			
M O				CODE							
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED	CON	NDITION STATUS	ALCOHOL TEST TYPE VALUE	STATUS	DRUG TEST(S)  TYPE RESULT S	SELECT UP TO 4		
		BY   1	☐ ALCOHOL ☐ MARJU		1   1	1 1 1 1	1	1   RESULTS	ELECT UP TO 4		
M UNIT# NAME: LAST, I	FIRST, MIDDLE		OTHER DRUG			DATE OF	BIRTH	AGE	GENDER		
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I INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	AL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED		SEATING PO	SITION AIR BAG	USAGE EJECTION	TRAPPED		
O CONTACT CONT	IOTHOT WINDED		uunora – – – – – – – – – – – – – – – – – – –			MC HELMET			L		
OL STATE OPERATOR L	ICENSE NUMBER	OFFENSE CI	HARGED	CODE OFFEN	NSE DESCRIPTION		CHATION	N NUMBER			
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTED	CON	NDITION	ALCOHOL TEST		DRUG TEST(S)			
R SELECT UP TO 2		DISTRACTED BY	ALCOHOL MARUU	UANA	STATUS	TYPE VALUE	STATUS	TYPE RESULT S	SELECT UP TO 4		
			OTHER DRUG								
INJURIES 1 - FATAL	1 - FRONT - LEFT SIDE	1 - NOT DEPLOYED	OL CLASS A		OL RESTRICTION  1 - ALCOHOL INTERLOCK	(S) DRIVER D 1 - NOT DISTRACTED	STRACTION	1 - NONE GIVEN	JS		
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERAT		2 - TEST REFUSED			
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE	3 - CLASS C		3 - CORRECTIVE LENSES 4 - FARM WAIVER	DEVICE (TEXTING, T		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / S 5 - NOT APPLICABLE	4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D) 5 - NOT APPLICABLE 5 - M / C MOPED ONLY			- EXCEPT CLASS A BUS 3 - TALKING ON HANDS-FREE 4 - TE			4 - TEST GIVEN, RESULTS KNOWN		
	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS /			COMMUNICATION D	5 - TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY  1 - NOT TRANSPORTED	7 - THIRD - LEFT SIDE					4 - TAI KING ON HAND-					
	(MOTORCYCLE SIDE CAR)				7 - EXCEPT TRACTOR-TRAIL 8 - INTERMEDIATE LICENSE	COMMUNICATION D	EVICE				
/TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE			3	8 - INTERMEDIATE LICENSE RESTRICTIONS	ED .	EVICE TH AN				
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OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER						
~						2 0 2 4 0 3 5 3						
unit#	NAME: LAST, FI		JAC	OB		DATE OF B	RTH 2   0   0	9	AGE 1   5	GENDER		
ADDRESS: STR	REET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS: STR	E.120TH	CLEVLELAND OH 44	1111									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET		BAG USAGE	EJECTION 1	TRAPPED 1		
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BI	RTH	T	AGE	GENDER		
	ı											
ADDRESS: STR	DDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	G POSITION AIR E	AG USAGE	EJECTION	TRAPPED		
						MC HELMET		<u>لـــــــــ</u>				
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BI	RTH		AGE	GENDER		
ADDRESS: STR	REET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	CODE			'		
ADDRESS: STR												
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATIN	G POSITION AIR E	AG USAGE	EJECTION	TRAPPED		
						MC HELMET				L		
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BIRTH AGE GENDER						
ADDRESS: STR	REET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	SEATIN	G POSITION AIR E	AG USAGE	EJECTION	TRAPPED		
1 1	TAKEN BY	Line / (SEIG) (Wainly)		MONEE PRESENTATION MEDICAL PROPERTY (MAINE, 511)	USED	DOT-COMPLIANT MC HELMET	J	1 1		1		
		JURIES		SAFETY EQUIPMENT USED	SEATI	NG POSITION		AIR BAG	IISAGE			
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			3 - LAP BELT OF 4 - SHOULDER 5 - CHILD REST FORWARD F	BELT ONLY USED  NLY USED  A LAP BELT USED  RAINT SYSTEM -  COMB  RAINT SYSTEM -  G  G  EAT  ED  EPADS USED  HEES, ETC.)  FE CLOTHING  PEDESTRIAN  NLY	CLE PASSENGER)  E SIDE CAR)  CAB  ASED CARGO AREA P WITH CAP)  CARGO AREA	5 - NOT APPLICABLE 9 - DEPLOYMENT UN  1 - NOT EJECTED 2 - PARTIALLY EJECT 3 - TOTALLY EJECT	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  EUSCHION					
	G	ENDER										
F - FEMALE M - MALE								TRAP	PED			
U - OTHER/UNK	NOWN											
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NAME: LAST, FIRS	o i, MIDULE					DATE OF BI	RTH	AG	<u> </u>	GENDER		
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