OHIO DEPARTMENT TRAFFIC CRASH REPORT  OF PUBLIC SAFETY TRAFFIC CRASH REPORT  LOCAL INFORMATION  LOCAL INFORMATION								LOCAL REPORT NUMBER *				
☐ PHOTOS TAKEN	□ OH-2 □	OH-3		2 0 2 4 0 6 8 7								
SECONDARY CRASH			PORTING AGENCY				8 2 0	HIT/SKIP 1 - Solved	0 1 98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOCALIT		LOCATION: CITY, VILLAGE		.D HEIGH	TS	_ ·   ·	-   -   •	2 0 2 Unsolved 0 2				
1 1 8 1	1 - CHY * 2 - VILLAGE *	GARFIELD						03119202	5 1 - FATAL 2 - SERIOUS INJURY			
ROUTE TYPE	ROUTE NUMBER	1	1 - NORTH 2 - SOUTH	LOCATION ROA	D NAME		ROAD TYPE	I ATITUDE DECIMA	SUSPECTED  3 - MINOR INJURY SUSPECTED			
			3 - EAST 4 - WEST	135 Th			$S_{\perp}T_{\perp}$	4 1 1 4 1	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE			
ROUTE TYPE	ROUTE NUMBER		1 - NORTH 2 - SOUTH 3 - EAST		ROAD NAME (ROAD, MILEPOST, HOUS	E#)	ROAD TYPE	LONGITUDE DECIMAL	ONLY			
REFER			4-WEST Wolf R L				[R]D	8 1 . 5 8	D			
1 - INTERSECTION 2 - MILE POST	DIRECTION		TE ROUTE (TP)		- ALLEY HW - HIC	GHWAY R	D - ROAD Q - SQUARE	■ WITHIN INTERSE	INTERSECTION RELATE			
3 - HOUSE # 3 - EAST 4 - WEST SR - S			. US ROUTE DUTE ED COUNTY ROUT	BL CF	BL - BOULEVARD MP - MILEPOST ST CR - CIRCLE OV - OVAL TE		T - STREET E - TERRACE L - TRAIL	☐ WITHIN INTERCH.	NUMBER OF APPROACHES			
DISTANCE DISTANCE  CR. NUMBERED COUNTY ROUTE  TR. NUMBERED COWNSHIP  DR BRIVE  FR. OUTE  ROUTE  ROUTE  TR. NUMBERED COWNSHIP  DR BRIVE  HE - HEIGHTS  PL - PL							/A - WAY					
	2 - Feet 3 - Yards						ROADWAY DIVID					
0 1 1-0N ROAD		R		MAI 1 - NOT COLLISION	INER of CRASH COLLISION/			DIRECTION OF TRAVEL		MEDIAN TYPE		
3 - IN MEDIA 4 - ON ROAE	N ACCESS OSIDE 11 - RAILWAY	_ 2	BETWEEN TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE			1 - NORTH 2 - SOUTH	ED FLUSH MEDIAN ET) ED FLUSH MEDIAN				
5 - ON GORE 6 - OUTSIDE TRAFFICI 7 - ON RAMF	12 - SHARED L WAY OR TRAIL:	JSE PATHS S		TRANSPORT 2 - REAR-END 3 - HEAD-ON	7 - SIDESWIPE, SAN 8 - SIDESWIPE, OPF 9 - OTHER / UNKNO	POSITE DIRECTION		3 - EAST 4 - WEST	EET) DED, DEPRESSED MEDIAN DED, RAISED MEDIAN			
	8 - OFF RAMP 14 - TOLL BOOTH 99 - OTHER / UNKNOWN									TYPE) ER / UNKNOWN		
WORK ZONE RELATED WORKERS PRESENT	2 -	WORK ZONE TO LANE CLOSURE LANE SHIFT/CROSSOVE			WARNING SI	E 1ST WORK ZONE IGN	E :	CONTOUR	CONDITIONS	SURFACE		
LAW ENFORCEMENT 3 - WORK ON SHOULDER 2 - ADVANCE WARRING AREA  PRESENT C RMEDIAN 4 - ACTIVITY AREA  4 - ACTIVITY AREA								1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
☐ ACTIVE SCHOOL ZONE		INTERMITTENT OR MOVI OTHER	ING WORK		5 - TERMINATIO	JN AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW 4 - ICE	2 - BLACKTOP, BITUMINOUS, ASPHALT		
	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 7 - SEVERE CROSSWINDS 3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING DRIZZLE 1 - 4 - RAIN - RAIN - REEZING DRIZZLE									MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	5 - DIRT 9 - OTHER /UNKNOWN		
4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - LINKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN												
NARRATI\/F							: :			Indicate the north		
UNIT#1WAS	TRAVELING	NORTH O	N E 135	HSTAT						direction with an "N" on the compass diagram.		
WOLF RD DIF	RECTLY BEHIN	ND UNIT#	2. UNI	Γ#1 WAS								
PULLING AWAY FROM A STOP SIGN. UNIT # 1 SLID. AS												
A RESULT, THE RIGHT FRONT OF UNIT # 1 COLLIDED Not To Scale							•	$\Lambda_{A}$				
WITH THE LEFT BACK OF UNIT # 2. BOTH UNITS WERE												
MOVED FROM FINAL REST AND PARKED ON E 135 TH												
ST							Ö	Wolf Rd	2	<b></b>		
NOTE:DRIVE	NOTE:DRIVER OF UNIT # 1 STATED, NO IT WAS MY·····											
FAULT.: I-SLIC	AND WAS P	JMPING N	AY BRA	KES					^_			
CRASH REPORTED		10131110	DISPATCH DATE	/TIME    0 8 4 5			0.8.4.6	SCENE CLEAR  0 3 1 9 2 0 2	P141 101815161	REPORT TAKEN BY POLICE AGENCY		
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S	NAME *		✓   <b>=</b>   T	CHECKED BY OF	FICER'S NAME*	-, -, -, 0, 0, 0, 0, 0	MOTORIST		
_			R. Cra		BADGE NUMBER*		N. Rossi	CHECKED BY OFFICER'S BADGE	NUMBER*	SUPPLEMENT (CORRECTION on ADDITION to as size the server dear to code		
0	2 5	3   5		$\begin{bmatrix} 0 & 3 \end{bmatrix}$	7			S   1   3				

Ũ	OH OF SAPET	IIO DEPARTMENT PUBLIC SAFETY TY - SERVICE - PROTECTION UNIT						2,0,2,4,0	LOCAL REPORT NUMBER		
	UNIT#	OWNER NAME: LAST, FIRST, MIDDL	(= 3	Same As Driver)	OWNER PI	HONE: INCLUDE AREA CODE	( Same As Driver)		DAMAGE  DAMAGE SCALE		
NER	OWNER ADDRE	SS: STREET, CITY, STATE, ZIP	( 🖪 Same As					1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE		
MO CO	455	OLIVET DF	<u> </u>	ELYRIA	OH 44035  COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			2 2 - MINOR DAMAGE	9 - UNKNOWN		
	James Court Cove								DAMAGED AREA(S)		
LIP STATE   LICENSE PLATE # VEHICLE IDENTIFICATION #   3   C   4   N   J   D   A   B   X   J   T   4   7   9   2						VEHICLE YEAR	VEHICLE MAKE Jeep		INDICATE ALL THAT APPLY		
		JRANCE INSURANCE COMPAN		INSURANCE POLICY#		VEHICLE COLOR	VEHICLE MODEL	11 12	11 12 1		
	VEF	State Farm  TYPE OF USE	<u> </u>	9207330a2935b	_	BLK BY: COMPANY NAME	Other/Unknow	10 2	10 1 1 2		
	☐ COMMERC	CIAL GOVERNMENT	IN EMERGENCY RESPONSE	VEHICLE WEIGHT GWWR/GCWR		3 9 9 3 4 -3					
	INTERLO DEVICE EQUIPPE	☐ HIT/SKIP UNIT	#OCCUPANTS 0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS# PLACARD ID#  PLACARD  PLACARD			8 7 6 5 11 7 6 5			
		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	12 - GOLF CART 13 - SNOWMOBILE	18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIANISKATER 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)			10/	12 1 2		
L	4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI		14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR	20 - OTHER 21 - HEAVY 22 - ANIMAI	EQUIPMENT	25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN	9 3 3				
	UNIT TYPE	UNIT TYPE 5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT  6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE 17 - MOTORHOME  (ATV / UTV)		16 - FARM EQUIPMENT 17 - MOTORHOME			9 - UNKNOWN OR HIT/SKIP		\ i i 7.		
EHICLE	# of trailing units								7 6 5 11 12 1		
								10 11 1	2 10 11 1		
Ι,	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?  1 - YES 2 - NO 9 - OTHER / UNKNOWN  AUTONOMOUS MODE LEVEL  0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION				AUTO 4 - HIGH	MATION AUTOMATION AUTOMATION	3 - Orlidown	9 9 3	3 9 9 3		
		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16-FARM 21-MAIL CARRIER			7 6	4 8 7 5 4		
L	0 1	2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	7 - BUS - INTERCITY 12 - MILITARY 8 - BUS - SHUTTLE 13 - POLICE 9 - BUS - OTHER 14 - PUBLIC UTILITY		17 - MOWING 99 - OTHER JUNKNOWN 18 - SNOW REMOVAL 19 - TOWING		5	7 6 5			
	FUNCTION	5 - BUS-TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL			12	12 12 12		
	$0 \mid 1 \mid$	1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER    NOT APPLICABLE			8 - POLE         12 - CONCRETE MIXER           9 - CARGO TANK         13 - AUTO TRANSPORTER           10 - FLAT BED         14 - GARBAGE/REFUSE		. H R.				
	CARGO BODY 7 - GRAINCHIPSIGRAVEL TYPE		11 - DUI		9 - OTHER / UNKNOWN	,609,	9 = 3 9   1 3 9   1 1   1   1   1   1   1   1   1   1				
L	VELUOI E	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	10 - DISA	OR TROUBLE 9 BLED FROM PRIOR DENT	9 - OTHER / UNKNOWN	6	6 6 6		
	DEFECTS	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS		12 - FIRST RESPONDER AT INCIDENT SCENE	- NO DAMAGE [0]	UNDERCARRIAGE [14]		
	OCATION AT	CROSSWALK 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATIO	7 - SHOULDER/ROADSIDE 8 - SIDEWALK IN	11 - SHARED USE PATHS OR TRAILS		99 - OTHER / UNKNOWN	☐ -TOP [13] ☐ -UNI	☐ - ALL AREAS [15] IT NOT AT SCENE [16]		
		CROSSWALK  1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING		18 - APPROACHING OR LEAVING VEHICLE	IN	NITIAL POINT OF CONTACT		
L	3	2 - NON-COLLISION 3 - STRIKING 4 - STRICK PRE-CRASH		8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED	SPEC	CIFIED LOCATION	19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	0 - NO DAMAGE	14 - UNDERCARRIAGE		
		N 5 - BOTH STRIKING ACTION 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED  8 STRUCK INTERFECTION IN TRAFFIC		JOGGING, PLAYING DISABLED VEHICLE  16 - WORKING 99 - OTHER / UNKNOWN			0 1 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 199 - UNKNOWN				
		9 - OTHER / UNKNOWN 12 - DRIVERLESS		17 - PUS	HING VEHICLE		13 - TOP				
	1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM				17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY			TRAFFICWAY FLOW	TRAFFIC CONTROL		
		2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY	EQU 19 - LOA	IPMENT D SHIFTING/	22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN		
L		5 - UNSAFE SPEED 6 - IMPROPER TURN	CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY		ING/SPILLING ROPER CROSSING	99 - OTHER IMPROPER ACTION	2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
	ONTRIBUTING RCUMSTANCES						# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING			
NT(S)	EQUENCE OF	EVENTS							1 - NOT INVOLVED  2 - INVOLVED - ACTIVE CROSSING		
EVE		1-OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	EVENTS  11 - CROSS CENTERLINE -	16 - RAIL	WAY VEHICLE	22 - WORK ZONE	2	3 - INVOLVED - PASSIVE CROSSING		
1	2   0	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY	17 - ANIN 18 - ANIN	IAL - FARM IAL - DEER	MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING,	UN	NIT / NON-MOTORIST DIRECTION		
2,		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD RIGHT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOT TRAN	IAL - OTHER OR VEHICLE IN ISPORT	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST		
				15 - PEDALCYCLE	21 - PARI	KED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVABLE OBJECT	FROM   2   TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
3				COLLISION WITH FIXED OBJECT					4 - WEST 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 - CUR 44 - DITCI 45 - EMBA	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 SUPPORT	46 - FENO 47 - MAIL 48 - TREE	BOX	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	1,0,	1 1-STATED/ESTIMATED SPEED		
5		29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	SUPPORT 42 - CULVERT			99 - OTHER / UNKNOWN	. , ,	2 - CALCULATED / EDR		
6								POSTED SPEED	3 - UNDETERMINED		
	1		4					2   5			
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	OHI OF SAPET	O DEPARTMENT PUBLIC SAFETY						2,0,2,4,0	LOCAL REPORT NUMBER	
	UNIT#	OWNER NAME: LAST, FIRST, MIDDL SZUTER MI	KAYLA EMMA	Same As Driver) LEIGH	OWNER P	HONE: INCLUDE AREA CODE	( Same As Driver)		DAMAGE  DAMAGE SCALE	
ER		SS: STREET, CITY, STATE, ZIP	( Same A	s Driver)				1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
OWN	13417	THRAVES A		GARFIEL		S OH	44125	2 2- MINUR DAMAGE	9 - UNKNOWN	
	COMMERCIAL CAI	RRIER: NAME, ADDRESS, CIIT, STATE, ZI	ř		l l	AL CARRIER PHONE. INCLUDE	INCA CODE		DAMAGED AREA(S)	
Ī	LP STATE	LICENSE PLATE #	0.7.004	VEHICLE IDENTIFICATION #	4	VEHICLE YEAR	VEHICLE MAKE		INDICATE ALL THAT APPLY	
O H R731288 2 INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE POLICY#						2 0 2 4  VEHICLE COLOR	Toyota  VEHICLE MODEL	11 12 1	11 12 1	
		Allstate  TYPE OF USE		826548713	GRY RAV4			10 11 1 2	2 10 11 1 2	
	☐ COMMERC		IN EMERGENCY RESPONSE	US DOT #	JOWEL	BT: COMPANY NAME	9 9 3 3 4 9 9			
	INTERLO	☐ HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 ->26K LBS.	HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS# PLACARD ID#  PLACARD  PLACARD		7 6 5	4 8 7 9 5 4 11 12 1 6 5		
LE		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELEI 8 - MOTORCYCLE 3-WHEELEI 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	D 12 - GOLF CART	19 - BUS (16+ PASSENGERS)     24 - WHE       20 - OTHER VEHICLE     25 - OTHI       21 - HEAVY EQUIPMENT     26 - BICY       22 - ANIMAL WITH RIDER OR     27 - TRAI		3 - PEDESTRINISKATER 4 - WHEELCHAIR (ANY TYPE) 5 - OTHER NON- MOTORIST 6 - BICYCLE 7 - TRAIN 9 - UNKNOWN OR HIT/SKIP	9	11 1 2 1 2 2 3 3 3 5 5 4 7 5 5 12	
VEHICLE	2	1-1ES 2-NO 9-OTHER/ONNNOWN MODELEVEL		1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION EVEL	3 - CONDITIONAL 9 - UNKNOWN AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		11 12 1 10 10 12 1 9 0 3 3 0 7 5	2 10 11 12 1 2 2 3 3 3 4 4 8 7 5 5 4 4		
	0 1	NONE     TANI     SECTION OF THE SHARING     SECHOOL TRANSPORT     SENS-TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19 - TO	WING DW REMOVAL WING EETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER /UNKNOWN	12	12 12 12	
	CARGO BODY TYPE	1 - NO CARGO BODY TYPE /NOT APPLICABLE 2 - BUS 1 - TURN SIGNALS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 4 - BRAKES	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VANIENCLOSED BOX 7 - GRAINICHIPSIGRAVEL 7 - WORN OR SLICK TIRES	10 - FL 11 - DU	RGO TANK 1 AT BED 1 MP 9	2 - CONCRETE MIXER 3 - AUTO TRANSPORTER 4 - GARBAGE/REFUSE 9 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN	9 6 3	9 3 9 3 9 8 3 H	
	VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DIS ACC	ABLED FROM PRIOR IDENT			6 6 6	
		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATI	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK ON	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS		12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	- UNDERCARRIAGE [14] - ALL AREAS [15] T NOT AT SCENE [16]	
	4 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING 8 STRUCK 9 - OTHER / UNKNOWN		7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE		18. APPROACHING OR LEAVING VEHICLE 19. STANDING 10. OTHER NON-MOTORIST 21. STANDING DISABLED VEHICLE 99. OTHER / UNKNOWN	0 6 0-NO DAMAGE 1-12-REFER TO DIAGRAM 13-TOP	ITIAL POINT OF CONTACT  14 - UNDERCARRIAGE PUNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
(9	.0.1.	1- NONE 2 - FAILURE TO YIELD 3 - RAIN RED LIGHT 4 - RAIN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - BROVE OF FOAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHETING/ FALLINGSPILLING 20 - IMPROPER CROSSING		21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 39 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW  1 - ONE-WAY  2 - TWO-WAY  # OF THROUGH LANES ON ROAD	TRAFFIC	
EVENT(	SEQUENCE OF EVENTS  EVENTS							_2_	2 - INVOLVED - ACTIVE CROSSING  3 - INVOLVED - PASSIVE CROSSING	
	1 2 0	1 - OVERTURNIROLLOVER 2 - FIREIEXPLOSION 3 - IMMERSION 4 - JACKINIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHLL RINAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	17 - ANII 18 - ANII 19 - ANII 20 - MOT TRA	MAL - FARM MAL - DEER MAL - OTHER FOR VEHICLE IN NSPORT KED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 4 - OTHER MOVABLE OBJECT	UN FROM 2 TO	IIT / NON-MOTORIST DIRECTION	
		OF HADAOT ATTENNATION	24 OHADDAN SAL	COLLISION WITH FIXED OBJECT	- STRUCK	RB 4	60 -WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN	
	<sup>4</sup> :	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PIER OR ABUTMENT 29 - BRIDGE FAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 5 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	44 - DITO 45 - EMB 46 - FEN 47 - MAIL 48 - TRE	CH ANKMENT CE BOX	10 -WORKZONE MAINTENANCE EGUIPMENT 11 - WALL 12 - BUILDING 13 - TUNNEL 14 - OTHER FIXED OBJECT 19 - OTHER / UNKNOWN	UNIT SPEED	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
	6 1 1		, 1	WOOT   WO   TO   TO   TO   TO   TO   TO				POSTED SPEED	3 - UNDETERMINED	
HSY	/8304 OH1U 1/19 [7	FIRST HARMFUL EVENT 760-0820]		MOST HARMFUL EVENT					PAGE OF	

OHIO DEPARTMENT	MOTORIST / NO	N MOTOD	ICT.				L	OCAL REPORT N	UMBER	
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	MOTORIST / NO	JN-MOTOR	151			_2	0 2 4 0	0   6   8	3   7	
M UNIT # NAME: LAST, FIRST	T, MIDDLE									GENDER
KISEF	₹	BRETT	MICH	AEL			2   0   8   1	9   9   4	2 9	<u> </u>
R ADDRESS: STREET, CITY, STATE, ZIP S 455 OLIVET	- DD	_				CONTACT	PHONE - INCLUDE AREA CODE			
1 400 OLIVE	IS AGENCY (NAME)		YRIA  ICAL FACILITY (NAME, CITY)	OH 44			SEATING POSITION	N AIR BAI	G USAGE EJECTIO	ON TRAPPED
5				USED	0 4	DOT-COMPLIAN		1		1 1
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE	CHARGED		FFENSE DESCRIPTION			CITATIO	ON NUMBER	
M 0 T				CODE						
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT		CONDITION	ALCOHO S TYPE		STATUS	DRUG TEST(S) TYPE RE	SULT SELECT UP TO 4
s 4		1	ALCOHOL M	ARIJUANA	1   1	1 1	L, , , , ,	1	1	1 11 11
M UNIT# NAME: LAST, FIRST	T, MIDDLE						DATE OF BIRTH		AGE	GENDER
SZUT	FR	MIKAYLA	FMMA	ALEIGH		0   5	5   0   7   1   9	9   9   7	,   <sub>           </sub>	
R ADDRESS: STREET, CITY, STATE, ZIP		WIII O (I E) (	LIVIIVII	<u> </u>		CONTACT	PHONE - INCLUDE AREA CODE			
	ES AVE	G	ARFIELD HTS		4125					
N BY	MS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	SAFETY EQUIP USED		DOT-COMPLIAN		I AIR BAG	G USAGE EJECTIO	
O 5 OL STATE OPERATOR LICE		OFFENSE	CHARGER	LOCAL OF	FENSE DESCRIPTION	MC HELMET	0 1		N NUMBER	1
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE	CHARGED	CODE	FENSE DESCRIPTION			CHAID	N NUMBER	
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECT	ED ED	CONDITION	ALCOHO	DL TEST		DRUG TEST(S)	
R SELECT UP TO 2		DISTRACTED BY		RUUANA	STATUS	TYPE			TYPE RES	SULT SELECT UP TO 4
			OTHER DRUG	L	1 1			1	<u>1</u>	
M UNIT # NAME: LAST, FIRST	r, MIDDLE						DATE OF BIRTH		AGE	GENDER
T										] [
R ADDRESS: STREET, CITY, STATE, ZIP						CONTACT	PHONE - INCLUDE AREA CODE			
S T / INJURIES INJURED EM		Lucius vicence MED	CAL FACILITY (NAME, CITY)	SAFETY EQUIP	MENT		SEATING POSITION		S USAGE EJECTIO	ON TRAPPED
N BY	MS AGENCY (NAME)	INJURED TAKEN TO: MIED	CAL PACIETT (NAME, CITY)	USED		DOT-COMPLIAN		AIRBAG	3 USAGE EJECTIC	IN IRAPPED
N OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE	CHARGED	LOCAL OF	FFENSE DESCRIPTION	IIIO TIELIIIE T		CITATIO	N NUMBER	
M O				CODE	TEROE SESSION TION					
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT	ED	CONDITION	ALCOHO			DRUG TEST(S)	
		BY		RUUANA	STATU	S TYPE	VALUE	STATUS	TYPE RES	SULT SELECT UP TO 4
			OTHER DRUG							
INJURIES 1 - FATAL	1 - FRONT - LEFT SIDE	AIR BAG 1 - NOT DEPLOYED	OL C	LASS	1 - ALCOHOL INTERLOCE		1 - NOT DISTRACTED	TION	1 - NONE GIVEN	STATUS
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER)  2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRASTATE ON	.Y	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICA		2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C		3 - CORRECTIVE LENSES	3	DEVICE (TEXTING, TYPING,	TION	3 - TEST GIVEN, CONT. SAMPLE / UNUSABL	
5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT	`	HIO = D)	4 - FARM WAIVER 5 - EXCEPT CLASS A BUS	3	DIALING) 3 - TALKING ON HANDS-FREE		4 - TEST GIVEN, RESUL	
	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	5 - NOT APPLICABLE  9 - DEPLOYMENT UNKNOWN	5 - M / C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		COMMUNICATION DEVICE		5 - TEST GIVEN, RESUI	LTS UNKNOWN
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	o de connext on anomi			7 - EXCEPT TRACTOR-TF		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE			
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE				8 - INTERMEDIATE LICEN RESTRICTIONS	ISE	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			
2 - EMS	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION	OL ENDO	RSEMENT	9 - LEARNER'S PERMIT RESTRICTIONS		6 - PASSENGER		ALCOHOL 1 - NONE	L TEST 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 DAYLIGH ONLY	łT	7 - OTHER DISTRACTION INSIG THE VEHICLE	DE	1 - NONE 2 - BLOOD	
5 - OTHER / DIRRIVOWN	ENCLOSED CARGO AREA	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED TO EMPLOY	MENT	8 - OTHER DISTRACTIONS OU	TSIDE	3 - URINE	
SAFETY EQUIPMENT	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER		12 - LIMITED - OTHER 13 - MECHANICAL DEVIC	ES	9 - OTHER / UNKNOWN		4 - BREATH	
1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER		(SPECIAL BRAKES, HAI CONTROLS, OR OTHER				5 - OTHER	
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA 13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MO	TORCYCLE	ADAPTIVE DEVICES)					
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY	S - SCHOOL BUS  T - DOUBLE & TRIPLE 1	TRAII FRS	14 - MILITARY VEHICLES 15 - MOTOR VEHICLES				1 - NONE	TEST TYPE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	(NON-TRAILING UNIT)	MECHANICAL MEANS 3 - FREED BY	X - TANKER / HAZMAT	TO ILLI TO	WITHOUT AIR BRAKE 16 - OUTSIDE MIRROR	ES .			2 - BLOOD	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS			17 - PROSTHETIC AID		1 - APPARENTLY NORMAL		3 - URINE	
7 - BOOSTER SEAT					18 - OTHER		2 - PHYSICAL IMPAIRMENT		4 - OTHER	
8 - HELMET USED 9 - PROTECTIVE PADS USED							3 - EMOTIONAL (E.G. DEPRESS ANGRY, DISTURBED)	SED,		27 250U 7/2
(ELBOWS, KNEES, ETC.)  10 - REFLECTIVE CLOTHING			GEN F - FEMALE	DER			4 - ILLNESS		1 - AMPHETAMINES	ST RESULT(S)
11 - LIGHTING - PEDESTRIAN			F - FEMALE M - MALE				5 - FELL ASLEEP, FAINTED,		2 - BARBITURATES 3 - BENZODIAZEPINES	
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN				FATIGUED, ETC.	F	4 - CANNABINOIDS	
							6 - UNDER THE INFLUENCE O MEDICATIONS / DRUGS		5 - COCAINE 6 - OPIATES / OPIOIDS	
							/ ALCOHOL 9 - OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER	
							- Constoni		8 - NEGATIVE RESULT	S

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OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER					
w) =						2   0   2   4   0	6   8   7			
unit#	NAME: LAST, F	FIRST, MIDDLE	NOF	RNA		DATE OF BIRTH AGE GENDER				
ADDRESS: STRE	EET, CITY, STATE, ZIP	)				CONTACT PHONE - INCLUDE AREA CODE				
ADDRESS: STRE	Thraves	GARFIELD HTS OH	44125							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET 0	POSITION AIR BAG USAG	E EJECTION	TRAPPED 1	
UNIT#	NAME: LAST, F	IRST, MIDDLE				DATE OF BIRT	ГН	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CO	DE	1 1	1	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	DOT-COMPLIANT SEATING I	POSITION AIR BAG USAG	E EJECTION	TRAPPED		
						MC HELMET		AGE	GENDER	
UNIT#	NAME: LAST, F	IRST, MIDDLE			DATE OF BIRT	п <b>н</b>		GENDER		
ADDRESS: STRE	EET, CITY, STATE, ZIP	)				CONTACT PHONE - INCLUDE AREA CO	DE		. 1	
ADDRESS: STRE										
INJURIES	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	
UNIT#	NAME: LAST, F	IRST, MIDDLE				DATE OF BIRT	ГН	AGE	GENDER	
							ı L			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
				1	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
INJURIES	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	
		NJURIES	1	SAFETY EQUIPMENT USED	SEATI	NG POSITION	AIP R	AG USAGE		
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  GENDER  F - FEMALE M - MALE U - OTHER/UNKNOWN			3 - LAP BELT O 4 - SHOULDER 5 - CHILD REST FORWARD F	BELT ONLY USED  NLY USED  & LAP BELT USED  RAINT SYSTEM -  ACING  RAINT SYSTEM -  G  EAT  ED  EPADS USED  HEES, ETC.)  // CE (LOTHING  /PEDESTRIAN  NLY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORC' 5 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYC) 8 - THIRD - MIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENCL (MON-TRAILING UNIT, BUS, PICK-U 12 - PASSENGER IN UNENCLOSED 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIO (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  CAB SED CARGO AREA WITH CAP) CARGO AREA				
NAME: LAST, FIRST	T, MIDDLE					DATE OF BIRT	н	AGE	GENDER	
ADDRESS: STREE						CONTACT PHONE - INCLUDE AREA	A CODE			
	T, CITY, STATE, ZIP						1 1 1	1	1 1	
NAME: LAST, FIRST						DATE OF DIDT	<u> </u>	AGE	GENDER	
NAME: LAST, FIRST	Γ, MIDDLE					DATE OF BIRT	 	AGE	GENDER	
	Γ, MIDDLE					DATE OF BIRT  CONTACT PHONE - INCLUDE AREA	 	AGE	GENDER	
NAME: LAST, FIRST	T, MIDDLE						A CODE	AGE AGE	GENDER	
NAME: LAST, FIRST ADDRESS: STREET	T, MIDDLE  TT, CITY, STATE, ZIP  T, MIDDLE					CONTACT PHONE - INCLUDE AREA	A CODE			

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