OHIO DEPAR	AFETY TRAFFIC	CRASH	LOCAL REPORT NUMBER *							
☐ PHOTOS TAKEN	OH-2	OH-3	2 0 2 4 3 4 3 5							
SECONDARY CRASH			PORTING AGENCY NAME *	1 8 2 0	HIT/SKIP 1 - Solved	NIIMRED OF LINITS	0 1 1 98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOCA		LOCATION: CITY, VILLAG	SARFIELD HE	IGHTS U	. 0 2 0	2 - Unsolved CRASH DA	CRASH SEVERITY			
	1 - CITY *	GARFIELI			 <u> 1 2 2 2 2 0 2</u>	5 1- FATAL 2- SERIOUS INJURY				
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH LOCAT	TION ROAD NAME	I ATITUDE DECIMA	SUSPECTED 3 - MINOR INJURY SUSPECTED				
LOCATIO			3 - FAST	RISTINE	4 1 1 4 3	4 1 2 4 3 7 1 2 3				
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH	FERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL	5 - PROPERTY DAMAGE ONLY			
REFERE			4-WEST 1331	10		8 1 . 5 8	9 4 0 5			
REFERENCE POII 1 - INTERSECTION			ROLLTE TYPE TATE ROUTE (TP)	AL - ALLEY HW - HIGHWAY	RD - ROAD	☐ WITHIN INTERSE	INTERSECTION RELATED CTION OR ON APPROACH			
3 - HOUSE #	3 - EAST 4 - WEST	SR - STATE I		AV - AVENUE LA - LANE BL - BOULEVARD MP - MILEPOST CR - CIRCLE OV - OVAL	SQ - SQUARE ST - STREET TE - TERRACE	☐ WITHIN INTERCH	MILIMPER OF ARREST			
DISTANCE COMM DECEDEMAGE	DISTANCE I MIT OF MEACHIDE 1 - Miles		RED COUNTY ROUTE RED TOWNSHIP	CT - COURT PK - PARKWAY DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE	TL - TRAIL WA - WAY	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY ROADWAY DIVIDED				
5	2 - Feet 3 - Yards									
	OCATION or EIDST HADMEI II DADWAY 9 - CROSSOV			MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE		
0 1 1-0N RC 2-0N SH 3-IN MEI 4-0N RC	IOULDER 10 - DRIVEWA DIAN ACCESS	Y / ALLEY	6 1- NOT COLLI	DR 5 - BACKING		1 - NORTH 2 - SOUTH	(<4 FE	ED FLUSH MEDIAN ET)		
5 - ON GC 6 - OUTSI TRAFF	DRE CROSSIN IDE 12 - SHARED	G USE PATHS	VEHICLES TRANSPOR 2 - REAR-END	RT 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIREC		3 - EAST (2- DIVIDED FLUSH MEDIAN (24 FEET) (3 - DIVIDED, DEPRESSED MEDIAN (3 - DIVIDED, DEPRESSED MEDIAN (4 - WEST) (4 - WEST) (4 - WEST) (5 - WEST) (5 - WEST) (5 - WEST) (6 -				
7 - ON RA 8 - OFF R		HTC	3 - HEAD-ON	9 - OTHER / UNKNOWN			(ANY	ED, RAISED MEDIAN TYPE) R/UNKNOWN		
WORK ZONE RELATE WORKERS PRESENT	1.	WORK ZONE - LANE CLOSURE - LANE SHIFT/CROSSON		LOCATION OF CRASH IN WOR 1 - BEFORE THE 1ST WOR WARNING SIGN	K ZONE K ZONE	CONTOUR	CONDITIONS	SURFACE		
LAW ENFORCEMENT PRESENT		- WORK ON SHOULDER OR MEDIAN	EK	2 - ADVANCE WARNING AF 3 - TRANSITION AREA 4 - ACTIVITY AREA	REA		_ 2	2		
ACTIVE SCHOOL ZON	5	- INTERMITTENT OR MO - OTHER	VING WORK	5 - TERMINATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET 3 - SNOW	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,		
LIG	HT CONDITION			WEATHER		3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,	ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE		
	HTED ROADWAY		1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNO		Journal	MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	5 - DIRT 9 - OTHER /UNKNOWN		
	ADWAY NOT LIGHTED KNOWN ROADWAY LIGHTING KNOWN	2	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZING DR 99 - OTHER / UNKNOWN	ZZLE					
NARRATIVE							· · · · ·	Indicate the north		
UNIT 2 WAS	SLOWING DO	WN E/B C	N CHRISTINE	<u> </u>				direction with an "N" on the compass diagram.		
AVENUE ANI	D WAS TURNII	NG RIGHT	INTO THE			T T				
DRIVEWAY (OF 13310. UNI	Γ1 WAS T	RAVELING E/	B ON						
CHRISTINE A	AVE APPROAC	HING 133	10. UNIT 1 FA	AILED.				Ž		
TO YIELD CA	AUSING AN AC	CIDENT.E	SY STRIKING.	UNIT 2	CHRISTINE AVENUE	27 - 25a				
IN RIGHT SI	DE PASSENGE	R'S DOO	RS WITH UNI	T 1'S	UNIT 1		UNIT 1	Jan 12		
FRONT BUM	PER							3310		
						NOT TO SCALE				
CRASH REPORT		14101010	DISPATCH DATE/TIME	ARRIVAL DATE			RED DATE/TIME	REPORT TAKEN BY POLICE AGENCY		
TOTAL TIME ROADWAY	2 4 1 7 0 4 OTHER INVESTIGATION	TOTAL	0 OFFICER'S NAME *	7 0 5 1 2 2 2 2 0 2 4	CHECKED BY O	1 2 2 2 2 0 2 4 1 7 4 4				
CLOSED	TIME	MINUTES	L. Ajieng	OFFICER'S BADGE NUMBER*	D. Baile	CHECKED BY OFFICER'S BADGE	NUMBER*	SUPPLEMENT (CORRECTION = ADDITION		
4 0 1	1 1 4 1	15131		2 7		L 0 7	1 1	TO AN EXISTING REPORT SERY TO COPE		

OHIO DEPARTMENT OF PUBLIC SAFETY UNIT	2,0,2,4,3,	LOCAL REPORT NUMBER 4 3 5						
· ·	(L) Same As Driver)							
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ Same As □	·			1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE			
3351 WARRENSVILLE RD APT 4 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		S OH 4 IERCIAL CARRIER PHONE: INCLUDE ARE		2 - MINOR DAMAGE	9 - UNKNOWN			
	EHICLE IDENTIFICATION#	VEHICLE YEAR	VEHICLE MAKE Cadillac	INDICATE ALL THAT APPLY				
INSURANCE INSURANCE COMPANY	INSURANCE POLICY#	VEHICLE COLOR	VEHICLE MODEL	10 1	10 12 12			
TYPE OF USE	548751168 us dot # TOV	SIL WED BY: COMPANY NAME	XT5	10 2	3 2 3			
COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE # OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MAT	FΡΙΔΙ	7 7 7	8 0 4			
INTERLOCK DEVICE HIT/SKIP UNIT EQUIPPED NOTE: 100 2 100 2 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	2 - 10,001 - 26K LBS.	MATERIAL RELEASED PLACARD	CLASS# PLACARD ID#	7 6 5	11 12 7 6 5			
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 1 0 1 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE	13 - SNOWMOBILE 19 - BU 14 - SINGLE UNIT TRUCK 20 - OT	IS (16+ PASSENGERS) 24- HER VEHICLE 25-	PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE) OTHER NON- MOTORIST BICYCLE	10/	11 1 1 2 2 3			
UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE BICYCLE 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE	15 - SEMI-TRACTOR 16 - EARM FOLIDMENT 22 - AN	IIMAL WITH RIDER OR 27 -	TRAIN UNKNOWN OR HIT/SKIP	7.	\$ 1			
(ATV / UTV)				11 12 1	7 6 5 11 12 1			
# of TRAILING UNITS				10 12 1	10 11 1			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 2 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 4 -	NOTIONAL 9 - UNKNOWN TOMATION BH AUTOMATION LI AUTOMATION P 5 - UNKNOWN TOMATION LI AUTOMATION LI AU			3 9 9 3 3 3			
1 - NONE 6 - BUS - CHARTER/TOUR	12 - MILITARY 17 13 - POLICE 18 14 - PUBLIC UTILITY 19		MAIL CARRIER OTHER JUNKNOWN	7 6 5	7 6 5 6 12 12 12			
O 1 1 1-NO CARGO BODY TYPE 3-VEHICLE TOWING ANOTHER MOTOR VEHICLE CARGO BODY 2-BUS 4-LOGGING TYPE	CHASSIS 9 6 - CARGO VAN/ENCLOSED BOX 10	8 - POLE 12 - CONCRETE MIXER 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGEREFUSE 11 - DUMP 99 - OTHER / UNKNOWN		9 3 9	3 9 3 3 9 3 3 H			
1. TURN SIGNALS	8 - TRAILER EQUIPMENT 10	MOTOR TROUBLE 99 - 0 - DISABLED FROM PRIOR ACCIDENT	THER / UNKNOWN	6	6 6			
1 - INTERSECTION - 3 - INTERSECTION - OTHER MARKED	7 - SHOULDER/ROADSIDE 10 -	9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN		- NO DAMAGE [0] - TOP [13]	- UNDERCARRIAGE [14] - ALL AREAS [15]			
NON-MOTORIST 2 - INTERSECTION - CRUSSWALK LOCATION AT UNMARKED 5 - TRAVEL LANE-OTHER LOCATION UNMARKED 5 - TRAVEL LANE-OTHER		TRAILS		UNIT NOT AT SCENE [16]				
1 - NON-CONTACT 1 - STRAIGHT AHEAD 2 - NON-COLLISION 0 1 1 2 - BACKING	8 - ENTERING TRAFFIC LANE 14	13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 19 - STANDING		INIT	FIAL POINT OF CONTACT			
3 - STRIKING 3 - CHANGING LANES PRE-CRASH 4 - OVERTAKING/PASSING	10 - PARKED 15		OTHER NON-MOTORIST STANDING OUTSIDE DISABLED VEHICLE	1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 1 2 1 - 1/2 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE				
ACTION 5 - BOTH STRIKING 5 - MAKING RIGHT TURN 8 - STRUCK 6 - MAKING LEFT TURN 9 - OTHER / JUNKNOWN	IN TRAFFIC 16	- WORKING 99 - PUSHING VEHICLE	OTHER / UNKNOWN	DIAGRAM 99 - UNKNOWN 13 - TOP				
					TRAFFIC			
1 - NONE 7 - LEFT OF CENTER 2 - FAILURE TO YIELD 8 - FOLLOWING TOO 3 - RAW RED LIGHT CLOSE/ACDA		- OPERATING DEFECTIVE 22 -	LYING IN ROADWAY NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
3 - NAVI NEL LIGHT CLOSER/ADDA 4 - RAN STOP SIGN 9 - IMPROPER LANE CHANGING 0 2 5 - UNSAFE SPEED 10 - IMPROPER PASSING	ILLEGALLY 19- 15 - SWERVING TO AVOID	- LOAD SHIFTING/ FALLING/SPILLING	OPENING DOOR INTO ROADWAY OTHER IMPROPER	1 - ONE-WAY	6 2-SIGNAL 5-YIELD SIGN			
6 - IMPROPER TURN 11 - DROVE OFF ROAD CONTRIBUTING 12 - IMPROPER BACKING	16 - WRONG WAY 20	- IMPROPER CROSSING	ACTION	# OF THROUGH LANES	3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING			
CIRCUMSTANCES				ON ROAD	1 - NOT INVOLVED			
SEQUENCE OF EVENTS	EVENTS			2	2 - INVOLVED - ACTIVE CROSSING 1 3 - INVOLVED - PASSIVE CROSSING			
1 - OVERTURNIROLLOVER 6 - EQUIPMENT FAILURE 1, 2, 0, 2 - FIRE/EXPLOSION 7 - SEPARATION OF	11 - CROSS CENTERLINE - 16 - OPPOSITE DIRECTION OF 17 -	- ANIMAL - FARM	WORK ZONE MAINTENANCE					
3 - IMMERSION UNITS 4 - JACKKNIFE 8 - RAN OFF ROAD RIGHT 5 - CARGO / EQUIPMENT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 19 -	- ANIMAL - OTHER 23 -	EQUIPMENT STRUCK BY FALLING, SHIFTING CARGO OR	UNIT	T / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
2 LOSS OR SHIFT 10 - CROSS MEDIAN	14 - PEDESTRIAN	TRANSPORT PARKED MOTOR VEHICLE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST			
3	COLLISION WITH FIXED OBJECT - STRU		OTHER MOVABLE OBJECT	FROM 4 TO	3 4- WEST 8- SOUTHWEST			
25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 4 / CRASH CUSHION 12 - POPTABLE PARRIER	37 - TRAFFIC SIGN POST 43 -	CURB 50 -\	WORKZONE MAINTENANCE QUIPMENT	HART OBEES	9 - OTHER / UNKNOWN			
26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER STRUCTURE 34 - MEDIAN CIJARDRAII	39 - LIGHT/LUMINARIES SUPPORT 45 - 40 - UTILITY POLE 46 -	EMBANKMENT 51 - FENCE 52 - 53 - 54 - 55 - 56 - 57 - 58 - 5	WALL BUILDING TUNNEL	UNIT SPEED	DETECTED SPEED			
27 - BRIDGE PIER OR ABUTMENT BARRIER 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 5 29 - BRIDGE RAIL BARRIER 29 - BRIDGE RAIL	SUPPORT 48 -	TDEE 54 -	OTHER FIXED OBJECT OTHER / UNKNOWN	2 5	1 - STATED/ESTIMATED SPEED			
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER			-	POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED			
				_				
1 FIRST HARMFUL EVENT 1 N	OST HARMFUL EVENT			0	PAGE OF			

OHIO DEPARTMENT OF PUBLIC SAFETY UNIT UNIT # OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) OWNER PHONE: INCLUDE AREA CODE (Same As Driver)									LOCAL REPORT NUMBER			
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE HARDY ERI	(Li Sar		DAMAGE DAMAGE SCALE							
OWNER	OWNER ADDRE	ESS: STREET, CITY, STATE, ZIP	(☐ Same As D	river)	AND	OH 4	11120	1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN			
O		ARRIER: NAME, ADDRESS, CITY, STATE, ZIF		CLEVEL		IAL CARRIER PHONE: INCLUDE AR			9 - UNKNOWN			
L	LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE								DAMAGED AREA(S) INDICATE ALL THAT APPLY			
	LP STATE	EHARDY	L3 IGINIA IXIU	I ₁ E ₁ V ₁ 7 ₁ N ₁ L ₁ 1 ₁ 2 ₁ 3 ₁	8 3 9		Chevrolet	INDICATE ALL THAT APPLY				
		JRANCE INSURANCE COMPANY OHIO INSU		INSURANCE POLICY# RPFGWD		VEHICLE COLOR BLK	VEHICLE MODEL Equinox	10 12	2 10 11 1 2			
	☐ COMMERC	TYPE OF USE	IN EMERGENCY RESPONSE	US DOT#	TOWER	BY: COMPANY NAME	1	9 9	3 9 9 3 3			
	INTERLOCK		VEHICLE WEIGHT GWWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	HAZARDOUS MATERIAL MATERIAL RELEASED CLASS# PLACARD ID # PLACARD PLACARD			8 7 6 5 4 8 7 5 5					
	### FQUIPPED U I 3 -> 26K LBS. 1 - PASSENGER CAR					IVERY VEHICLE) 23	- PEDESTRIAN/SKATER	6 10	11 12 1			
				13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR	20 - OTHER 21 - HEAVY	VEHICLE 25 EQUIPMENT 26	- WHEELCHAIR (ANY TYPE) - OTHER NON- MOTORIST - BICYCLE - TRAIN	9	10 2 3			
	UNIT TYPE 5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE 17 - MOTORHOME (ATV / UTV)						- UNKNOWN OR HIT/SKIP	8	7			
VEHICLE		# OF TRAILING UNITS						11 12 1	7 6 5 11 12			
		WAS VEHICLE OPERATING IN AUTONO	DMOUS MODE 0	0 - NO AUTOMATION			UNKNOWN	10 1 1 2	2 10 11 1 2			
	2	WHEN CRASH OCCURED? 1 - YES 2 - NO 9 - OTHER / UNKNO	ALITOMOMOLIS	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION			9 9 3	3 9 9 3			
	0 1	1 - NONE 2 - TAXI	11 - FIRE 12 - MILITARY	16 - FAI 17 - MO	WING 99	- MAIL CARRIER 9 - OTHER /UNKNOWN	8 7 6 5	4 8 7 6 5				
		1 3 - ELECTRONIC RIDE SHARING		18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			6	12 12 12				
		1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	8 - POLE 12 - CONCRETE MIXER		12					
	CARGO BODY	1 1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 10 BODY 7 2 - BUS 4 - LOGGING 6 - CARGO VANIENCLOSED BOX 7 - GRAINCHIPS/GRAVEL 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES		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 7 3 9 8 3				
	1 1 1			7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 10 - DISABLED FROM PRIOR			6 1				
		2 - HEAD LAMPS 3 - TAIL LAMPS 1 - INTERSECTION -	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE 6 - BICYCLE LANE	ACC	DENT	- FIRST RESPONDER		6 6 6			
	NON-MOTORIST	MARKED CROSSWALK 2 - INTERSECTION -	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI	VEWAY ACCESS ARED USE PATHS OR 99	AT INCIDENT SCENE - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14] - ALL AREAS [15]			
	IMPACT	UNMARKED CROSSWALK 1 - NON-CONTACT	5 - TRAVEL LANE-OTHER LOCATION 1 - STRAIGHT AHEAD	7 - MAKING U-TURN			8 - APPROACHING	_	NIT NOT AT SCENE [16] INITIAL POINT OF CONTACT			
	4	2 - NON-COLLISION 3 - STRIKING	1 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - EN' SPE	TERING OR CROSSING CIFIED LOCATION 20	OR LEAVING VEHICLE 9 - STANDING 0 - OTHER NON-MOTORIST					
		5 - BOTH STRIKING	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC		GGING, PLAYING	1 - STANDING OUTSIDE DISABLED VEHICLE 9 - OTHER / UNKNOWN	0 - NO DAMAG 1-12 - REFER DIAGRAM	TO UNIT 15 - VEHICLE NOT AT SCENE			
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PU	SHING VEHICLE		13 - TOP	- 93 - DININOWN			
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM			- LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC TRAFFIC CONTROL			
		2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY	EQI 19 - LO	JIPMENT 23 AD SHIFTING/	- NOT DISCERNABLE - OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
		5 - UNSAFE SPEED 6 - IMPROPER TURN	CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY		LING/SPILLING 99 PROPER CROSSING	- OTHER IMPROPER ACTION	2 - TWO-WAY	6 - NO CONTROL			
	CONTRIBUTING CIRCUMSTANCES		12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
EVENT(S)	SEQUENCE OF	EVENTS						_ 2 _	2 - INVOLVED - ACTIVE CROSSING			
EV		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF	EVENTS 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF		LWAY VEHICLE 22 MAL - FARM	- WORK ZONE MAINTENANCE		3 - INVOLVED - PASSIVE CROSSING			
		3 - IMMERSION 4 - JACKKNIFE	UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	18 - ANII 19 - ANII	MAL - DEER MAL - OTHER 23	EQUIPMENT - STRUCK BY FALLING, SHIFTING CARGO OR	ι	JNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
	2	5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRA	TOR VEHICLE IN INSPORT IKED MOTOR VEHICLE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST			
	3 1			COLLISION WITH FIXED OBJECT	T - STRIICK	24	- OTHER MOVABLE OBJECT	FROM 4 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
	l. ——	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CUF	CH C	-WORKZONE MAINTENANCE EQUIPMENT	HAIT COFFO	9 - OTHER / UNKNOWN			
	-	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EME 46 - FEN	ANKMENT 51 CE 52	- WALL - BUILDING - TUNNEL	UNIT SPEED	DETECTED SPEED			
	5	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	47 - MAII 48 - TRE 49 - FIRE	E 54	- OTHER FIXED OBJECT - OTHER / UNKNOWN	5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR			
	6,	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER					POSTED SPEED	3 - UNDETERMINED			
HS	1 Y8304 OH1U 1/19 [FIRST HARMFUL EVENT	1	OST HARMFUL EVENT				0	PAGE OF			

OHIO DEPARTMENT	MOTODICT / NO	AN MATADI	CT						LOCAL	REPORT NUMB	ER			
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	MOTORIST / NO	JN-WOTORI	51				_ 2 _	0 2 4	3	4 3	5			
M UNIT# NAME: LAST, F	RST, MIDDLE											GENDER		
·	NORVELL ROTCE NATHANIEL								0 2 1 6 1 9 9 9 2 5 M					
R ADDRESS: STREET, CITY, STATE, ZII S 10110 FDGE							CONTACT	PHONE - INCLUDE AREA COL	DE					
I IUIIU LDOL	PARK DR. EMS AGENCY (NAME)	ARFIELD HTS CAL FACILITY (NAME, CITY)	OH 4				SEATING PO	SITION	AIR BAG US	SAGE EJEC	TION TRAPPE			
N 5				USED	0 4		DOT-COMPLIAN MC HELMET				1 1 1			
	CENSE NUMBER	OFFENSE (CHARGED		OFFENSE DESCRIPTION	<u> </u>				CITATION N	UMBER			
М О Т				CODE										
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT		CONDITION	STATUS	ALCOHO TYPE	OL TEST VALUE	STAT	US TY	DRUG TEST(S) PE F	RESULT SELECT UP TO 4		
s 4		້ _ 1	ALCOHOL M	ARIJUANA	1	_1_	_1_		_ 1	11				
M UNIT# NAME: LAST, F	RST, MIDDLE							DATE OF E	BIRTH		AGE	GENDER		
0 2 HAR	DY	WILLIE					0 2	2 2 3 1	9	7 3	__ 5 1	_ _ M		
ADDRESS: STREET, CITY, STATE, ZI	,						CONTACT	PHONE - INCLUDE AREA COD	E		,	,		
s 4408 E 143			EVELAND	OH 4	4128	,		SEATING PO	OUTION	AIR BAG US	105 5150	TOU TOURS		
I INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDI	ICAL FACILITY (NAME, CITY)	USED	0 4	.1 -:	DOT-COMPLIAN			AIK BAG US	AGE EJECT	TION TRAPPE		
N	CENSE NUMBER	OFFENSE O	CHARGED	LOCAL O	OFFENSE DESCRIPTION	4			1	CITATION N				
M O				CODE										
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT		CONDITION		ALCOHO				DRUG TEST(S)			
		ву 1		RIJUANA	1	STATUS 1	TYPE	VALUE	STATU	IS TYP	PE R	ESULT SELECT UP TO 4		
S 4 NAME: LAST, FI	DET MIDDLE		OTHER DRUG			النا	ب	DATE OF E	1	<u> </u>	AGE	GENDER		
O T	NOT, MIDDLE							5,112,012				J. J. SEINSEN		
R ADDRESS: STREET, CITY, STATE, ZII	·						CONTACT	PHONE - INCLUDE AREA COD	E					
1 5														
INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	CAL FACILITY (NAME, CITY)	SAFETY EQUII USED	PMENT	T	DOT-COMPLIAN	SEATING PO	SITION	AIR BAG US	AGE EJECT	TION TRAPPE		
N							MC HELMET							
- OL STATE OPERATOR LI	CENSE NUMBER	OFFENSE O	CHARGED	LOCAL C	OFFENSE DESCRIPTION	ON				CITATION N	JMBER			
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O OLCLASS ENDORSEMENT	DECEDICATION OF FOR UP YOU	NOWED .	ALCOHOL / DDUG CHEDEOT		CONDITION		AL COLIC	NI TEST			DDIIC TEST(S)			
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT		CONDITION	STATUS	ALCOHO TYPE	OL TEST VALUE	STATU	JS TY	DRUG TEST(S)	RESULT SELECT UP TO 4		
	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY		ED	CONDITION	STATUS			STATU	US TY				
SELECTUP TO 2 I ST INJURIES	RESTRICTION SELECT UP TO 3 SEATING POSITION 1 - FRONT - LEFT SIDE	DISTRACTED BY AIR BAG	ALCOHOL MA OTHER DRUG	ED RUUANA	OL R	RESTRICTION	ТҮРЕ	VALUE DRIVER DE	STATU		PE F	RESULT SELECT UP TO 4		
SELECTUP TO 2 INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	DISTRACTED BY	ALCOHOL MA OTHER DRUG	ED RUUANA	OL R 1 - ALCOHOL IN DEVICE	RESTRICTION(ТҮРЕ	DRIVER DI 1 - NOT DISTRACTED 2 - MANUALLY OPERAT	STRACTION ING AN	1.	PE F	RESULT SELECT UP TO 4		
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1	TAKEN BY	,			USED	DOT-COMPLIANT MC HELMET		1			
	IN	JURIES	1 - NONE USED	SAFETY EQUIPMENT USED	SEATI 1 - FRONT - LEFT SIDE (MOTORCYC	NG POSITION	1 - NOT DEPL	AIR BA	G USAGE		
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/	SELT ONLY USED ALAPBELT USED ALAPBELT USED RAINT SYSTEM - CINC RAINT SYSTEM - S S ED ED ED ED ED ED ED ED	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCY 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCL 8 - THIRD - LEFT SIDE (MOTORCYCL 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENCLC (NON-TRAILING UNIT) 12 - PASSENGER IN UNENCLOSED 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	E SIDE CAR) CAB SED CARGO AREA WITH CAP) CARGO AREA	5 - NOT APPL	D SIDE D BOTH FRONT/SIE LICABLE LICABL	CTION		
	G	ENDER									
F - FEMALE M - MALE U - OTHER/UNK							1 - NOT TRAI	PPED	APPED		
					TED BY MECHANICA Y NON-MECHANICA						
NAME: LAST, FIRS	ST, MIDDLE					DATE OF B	IRTH		AGE	GENDER	
ADDRESS: STREET	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE A	REA CODE				
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER					
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRS	T MIDDLE								l l	GENDER	
						DATE OF B		, 	AGE	GENDER	
ADDRESS: STREE	ET CITY STATE ZIP		CONTACT PHONE - INCLUDE AREA CODE								
						CONTACT PHONE - INCLUDE A	REA CODE		1 1	<u> </u>	

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