





OHIO DEPARTMENT OF PUBLIC SAFETY					LOCAL REPORT	NUMBER
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	MOTORIST / N	ON-MOTORIST		2	0 2 5 0 1	6 0 1 1
M UNIT # NAME: LAST, FIRST	, MIDDLE				DATE OF BIRTH	AGE GENDER
ULT SUMF	TER	VALENCIA	MYISHA	0	8 2 9 1 9 9 3	2 3 2 F
ADDRESS: STREET, CITY, STATE, ZIP					CT PHONE - INCLUDE AREA CODE	
10010	IORE RD s Agency (name)	INJURED TAKEN TO: MEDICAL FACIL	ON HILLS OH 44'		SEATING POSITION AIR B	AG USAGE EJECTION TRAPPED
			USED			2 1 1
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE CHARGED	LOCAL OFFE CODE	INSE DESCRIPTION	CITAT	ION NUMBER
O OL CLASS ENDORSEMENT R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED CC	ONDITION ALC STATUS TYPE	OHOLITEST VALUE STATUS	DRUG TEST(S) TYPE RESULT SELECT UP TO 4
s L 4 L L L						
				. 1 .	DATE OF BIRTH	
R ADDRESS: STREET, CITY, STATE, ZIP	/ART	MARTWON	D		2 1 9 1 9 9 1 CT PHONE - INCLUDE AREA CODE	2 <u>3 2 M</u>
1	I STREET	CLEVE	LAND OH 44			
	IS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACIL		NT DOT-COMP	LIANT	AG USAGE EJECTION TRAPPED
N	HFD	MARYMOUN OFFENSE CHARGED				
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE CHARGED	CODE	NSE DESCRIPTION	CIAI	ION NUMBER
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED CO	NDITION ALC	DHOL TEST	DRUG TEST(S)
		BY A		1 1 1	VALUE STATUS	TYPE RESULT SELECT UP TO 4
MUNIT # NAME: LAST, FIRST	, MIDDLE				DATE OF BIRTH	AGE GENDER
ADDRESS: STREET, CITY, STATE, ZIP				CONTA	CT PHONE - INCLUDE AREA CODE	
S T			TV AUNIT OTTO SAFETY EQUIPMEN			
/ INJURIES INJURED EN TAKEN BY	IS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY) SAFETY EQUIPMEN USED	DOT-comp	LIANT	AG USAGE EJECTION TRAPPED
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE CHARGED	LOCAL OFFE			
			CODE			
O OL CLASS ENDORSEMENT R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DISTRACTED		NDITION ALC STATUS TYPE	DHOLITEST VALUE STATUS	DRUG TEST(S) TYPE RESULT SELECT UP TO 4
			LCOHOL MARUUANA			
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED 2 - DEPLOYED FRONT	1 - CLASS A 2 - CLASS B	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN	1 - NONE GIVEN 2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES	ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D) 5 - M / C MOPED ONLY	4 - FARM WAIVER 5 - EXCEPT CLASS A BUS	DIALING) 3 - TALKING ON HANDS-FREE	4 - TEST GIVEN, RESULTS KNOWN
	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE	COMMUNICATION DEVICE	
/TREATED AT SCENE 2 - EMS	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	EJECTION	OL ENDORSEMENT	RESTRICTIONS 9 - LEARNER'S PERMIT	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	ALCOHOL TEST TYPE
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT	RESTRICTIONS 10 - LIMITED TO DAYLIGHT	6 - PASSENGER 7 - OTHER DISTRACTION INSIDE	1 - NONE
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED	M - MOTORCYCLE P - PASSENGER	ONLY 11 - LIMITED TO EMPLOYMENT	THE VEHICLE 8 - OTHER DISTRACTIONS OUTSIDE	2 - BLOOD 3 - URINE
SAFETY EQUIPMENT	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER 13 - MECHANICAL DEVICES	THE VEHICLE 9 - OTHER / UNKNOWN	4 - BREATH
1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER	(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		5 - OTHER
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA 13 - TRAILING UNIT	TRAPPED 1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS	ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		DRUG TEST TYPE
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		1 - NONE
FORWARD FACING 6 - CHILD RESTRAINT SYSTEM -	(NON-TRAILING UNIT) 15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	16 - OUTSIDE MIRROR 17 - PROSTHETIC AID	CONDITION 1 - APPARENTLY NORMAL	2 - BLOOD 3 - URINE
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN			18 - OTHER	2 - PHYSICAL IMPAIRMENT	4 - OTHER
8 - HELMET USED					3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	
9 - PROTECTIVE PADS USED			GENDER F - FEMALE		4 - ILLNESS	DRUG TEST RESULT(S) 1 - AMPHETAMINES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING			M - MALE		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 - BARBITURATES 3 - BENZODIAZEPINES
(ELBOWS, KNEES, ETC.)						
(ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			U - OTHER/UNKNOWN		6 - UNDER THE INFLUENCE OF	4 - CANNABINOIDS 5 - COCAINE
(ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN			U - OTHER/UNKNOWN		MEDICATIONS / DRUGS / ALCOHOL	5 - COCAINE 6 - OPIATES / OPIOIDS
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			U - OTHER/UNKNOWN		MEDICATIONS / DRUGS	5 - COCAINE
(ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			U - OTHER/UNKNOWN		MEDICATIONS / DRUGS / ALCOHOL	5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER

OHIO DEPARTMENT OF PUBLIC SAFETY METHODALICS ADDENDUM						LOCAL REPORT NUMBER						
						2 0 2 5 0 1 6 0						
	UNIT #	NAME: LAST, FI	RST. MIDDLE		DATE OF BIRTH AGE GENDER							
	GAMBRELL			JAW	AUN LATRI	0 6 2 6 1 9 9 5 2 9 M						
PANT	ADDRESS: STRE	ET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT	3585 E 112TH ST CLEVELAND OH 44105											
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT		BAG USAGE	EJECTION	TRAPPED	
	3											
	UNIT #						DATE OF BIRTH AGE GENDER					
F	2 MILTON TYON SANTONIO					ONIO						
DCCUPANT							CONTACT PHONE - INCLUDE AREA CODE					
ō	INJURIES	5131 ARCH ST MAPLE HTS OH 44137 INJURED INJURED INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY) SAFETY EQUIPMENT						POSITION AIR I	BAG USAGE	EJECTION	TRAPPED	
	3											
	UNIT #	NAME: LAST, FI	R\$T. MIDDLE				DATE OF BIR	 ТН		AGE	GENDER	
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PANT	ADDRESS: STRE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA C	DDE				
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							MC HELMET					
	UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDE				
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CUPAN	ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		POSITION AIR I	BAG USAGE	EJECTION	TRAPPED	
	1 1	TAKEN BY				USED	DOT-COMPLIANT MC HELMET		1			
					SAFETY EQUIPMENT USED					USAGE		
	INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY INJURED TAKEN BY INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN GENDER F - FEMALE M - MALE U - OTHERUNKNOWN		1 - NONE USED		1 - FRONT - LEFT SIDE (MOTORCYCL	E DRIVER)	1 - NOT DEPLOYED	AIR BAG	UUAOL			
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