





OHIO DEPARTMENT	MOTORIST / N		-		Γ		LOCAL REPO		
BAPETY - SERVICE - PROTECTION			1			2 0 2 5	5 0 3	9 0	
UNIT# NAME: LAST, FIR:	ST, MIDDLE							AGE GENDER	
ADDRESS: STREET, CITY, STATE, ZIP	NER	BERQUITA	N					<u>9</u> <u>4</u> 5 F	
13517 YORK	BLVD	GAF	RFIELD HTS O	H 44125	;				
INJURIES INJURED EI TAKEN BY	MS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL	FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED		SEATING OT-COMPLIANT	POSITION AI	IR BAG USAGE EJECTION TRAPPED	
				0			<u> </u>		
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE CHAI	c	OCAL OFFENSE DE	ESCRIPTION		Ci	TATION NUMBER	
OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTED		DN	ALCOHOL TEST		DRUG TEST(S)	
			ALCOHOL MARIJUANA		STATUS		STATUS	TYPE RESULT SELECT UP TO 4	
UNIT # NAME: LAST, FIR			OTHER DRUG						
0.2		BRIAN	JAMES			0 5 2 2			
ADDRESS: STREET, CITY, STATE, ZIP		DRIAN	JAMES			CONTACT PHONE - INCLUDE AREA C			
	NOOD AVE	-		H 44109			<u> </u>		
INJURIES INJURED TAKEN BY 1 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL	FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED		OT-COMPLIANT		R BAG USAGE EJECTION TRAPPED	
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE CHAR		CAL OFFENSE DE	· ·				
		331.16		■ FTY -	Intersectio	on	G	20250363	
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED	CONDITIO		ALCOHOL TEST	STATUS	DRUG TEST(S) TYPE RESULT SELECT UP TO 4	
			ALCOHOL MARUUANA	1	1		1		
UNIT # NAME: LAST, FIRS	ST, MIDDLE					DATE OF	BIRTH	AGE GENDER	
					l				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA C	DDE	<u> </u>	
INJURIES INJURED E	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL	FACILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING		R BAG USAGE EJECTION TRAPPED	
BY				USED		OT-COMPLIANT			
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE CHAF		OCAL OFFENSE DE					
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITIO	N STATUS	ALCOHOL TEST TYPE VALUE	STATUS	DRUG TEST(S) TYPE RESULT SELECT UP TO 4	
			OTHER DRUG			_			
INJURIES	SEATING POSITION 1 - FRONT - LEFT SIDE	AIR BAG	OL CLASS 1 - CLASS A	1 - AI (OL RESTRICTION(S) DRIVER 1 - NOT DISTRACTED	DISTRACTION	TEST STATUS 1 - NONE GIVEN	
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		VICE L INTRASTATE ONLY	2 - MANUALLY OPERA	ATING AN	2 - TEST REFUSED	
- SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C		RRECTIVE LENSES	ELECTRONIC CON DEVICE (TEXTING,		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN	
- POSSIBLE INJURY - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D	·)	RM WAIVER	DIALING)			
- NO APPARENT INJURT	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		CEPT CLASS A BUS CEPT CLASS A	3 - TALKING ON HANE COMMUNICATION		5 - TEST GIVEN, RESULTS UNKNOWN	
	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		CLASS B BUS	4 - TALKING ON HAND		3-TEST GIVEN, REGGETS GIRNOWN	
- NOT TRANSPORTED	(MOTORCYCLE SIDE CAR)				ERMEDIATE LICENSE	COMMUNICATION			
/TREATED AT SCENE	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE			RES	STRICTIONS	5 - OTHER ACTIVITY ELECTRONIC DEV			
- EMS	10 - SLEEPER SECTION OF	EJECTION 1 - NOT EJECTED	OL ENDORSEME H - HAZMAT	RE	ARNER'S PERMIT	6 - PASSENGER		ALCOHOL TEST TYPE 1 - NONE	
- OTHER / UNKNOWN	TRUCK CAB 11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE		MITED TO DAYLIGHT NLY	7 - OTHER DISTRACT THE VEHICLE	ION INSIDE	2 - BLOOD	
	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER				IONS OUTSIDE	3 - URINE	
SAFETY EQUIPMENT	PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER		MITED - OTHER ECHANICAL DEVICES	THE VEHICLE 9 - OTHER / UNKNOW	N	4 - BREATH	
- NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER	(SF	PECIAL BRAKES, HAND DNTROLS, OR OTHER			5 - OTHER	
- SHOULDER BELT ONLY USED	CARGO AREA	TRAPPED	R - THREE-WHEEL MOTORCY	CLE AD	APTIVE DEVICES)				
- LAP BELT ONLY USED - SHOULDER & LAP BELT USED	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	1 - NOT TRAPPED 2 - EXTRICATED BY	S - SCHOOL BUS	15 - M	ILITARY VEHICLES ONLY OTOR VEHICLES	(DRUG TEST TYPE	
- CHILD RESTRAINT SYSTEM - FORWARD FACING	EXTERIOR (NON-TRAILING UNIT)	MECHANICAL MEANS		1 - DOUBLE & TRIPLE TRAILERS WITHOU				1 - NONE 2 - BLOOD	
- CHILD RESTRAINT SYSTEM -	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	X - TANKER / HAZMAT 16 - 1 17 - 1			NDITION	2 - BLOOD 3 - URINE	
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	NOT THE OTHER TRANS		18 - O		1 - APPARENTLY NO 2 - PHYSICAL IMPAIR		4 - OTHER	
- HELMET USED						3 - EMOTIONAL (E.G.			
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			GENDER			ANGRY, DISTURBED		DRUG TEST RESULT(S)	
10 - REFLECTIVE CLOTHING			F - FEMALE			4 - ILLNESS		1 - AMPHETAMINES 2 - BARBITURATES	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE			5 - FELL ASLEEP, FA FATIGUED, ETC.	NTED,	2 - BARBITURATES 3 - BENZODIAZEPINES	
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN			6 - UNDER THE INFLI	JENCE OF	4 - CANNABINOIDS	
						MEDICATIONS / DR		5 - COCAINE 6 - OPIATES / OPIOIDS	
						/ ALCOHOL 9 - OTHER / UNKNOV	/N	7 - OTHER	
						5-OTHER/ONKNOV		8 - NEGATIVE RESULTS	

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER									
C	SAPETY - SE	ERVICE · PROTECTION		NLUU /				2 0 2 5	0 3	8 9	0					
UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER							
		MORPH	lis	BRI	BRIANNE NICOLE				<u>1 1 1 9 2 0 0 6 1 8 F</u>							
OCCUPANT		EET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE											
00	INJURIES INJURED EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED										
	5					SAFETY EQU USED	0 4	DOT-COMPLIANT MC HELMET	0	3	1		1			
	UNIT #	NAME: LAST, FI	RST, MIDDLE					DAT	e of Birth		[<u> </u>		AGE	GENDER		
UPANT	ADDRESS: STRE	DRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
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		TAKEN BY	EWS AGENCT (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	USED		DOT-COMPLIANT MC HELMET	SEATING POS			J				
۲	UNIT #	NAME: LAST. FI						DAT	e of Birth				AGE	GENDER		
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PANT	ADDRESS: STRE							CONTACT PHONE - INCLUDE AREA CODE								
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	1 EATAL	IN		1 NONE LICED	SAFETY EQUIPMENT USED	1 - EPONT - LEET	SIDE (MOTOPOVCU					IR BAG L				
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