OHIO DEPARTMENT OF PUBLIC SAFETY SAPETY - SERVICE - PROTECTION	RAFFIC C	RASH REPO	RT *DENOTES MAND	NATORY FIELD FOR SUPPLEMENT REPOR	т		LOCAL REPORT NUMBE	R *			
☐ PHOTOS TAKEN ☐	OH-2 OH-3	LOCAL INFORMATIO	N			<u> </u>	1 3 7 9				
SECONDARY CRASH	OH-1P OTHE	R REPORTING AGENC	Y NAME *	.0.	1 8 2 0	HIT/SKIP 1 - Solved	NIIMRED OF LINITS	0 1 1 98 - ANIMAL			
COUNTY* LOCALITY*	Private Property	GARFIE	LD HEIGHTS	S (*)	. 0 2 0	2 - Unsolved CRASH DA	CRASH SEVERITY				
2-V	IIIY.	RFIELD HTS	<u> 0 6 0 4 2 0 2</u>	3 1- FATAL 2- SERIOUS INJURY							
	JTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH	LOCATION ROAD NA	AME	ROAD TYPE	I ATITUDE DECIMA	SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE				
	3 0	3 - EAST 4 - WEST			$H_{\downarrow}W_{\downarrow}$	4 1 1 4 1					
ROUTE TYPE ROU	JTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	REFERENCE ROA	AD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL	ONLY				
REF ERENCE		4 - WEST	24.4		8 1 1 . 6 2						
REFERENCE POINT 1 - INTERSECTION	DIRECTION DECEDENCE 1 - NORTH	IR - INTERSTATE ROUTE (TP)	AL - AL	LEY HW - HIGHWAY	RD - ROAD	☐ WITHIN INTERSE	INTERSECTION RELATED CTION OR ON APPROACH				
2 - MILE POST 3 - HOUSE #	US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROL	CR - CI	DULEVARD MP - MILEPOST IRCLE OV - OVAL	SQ - SQUARE ST - STREET TE - TERRACE	☐ WITHIN INTERCH	NUMBER OF APPROACHES					
DISTANCE EDAN DECEDENCE	DISTANCE	TR - NUMBERED TOWNSHIP ROUTE	DR - DI		TL - TRAIL WA - WAY		ROADWAY	NOMBER OF ALL ROADILES			
	2 - Feet 3 - Yards					ROADWAY DIVID	ED				
	FIDST LIADMEIII EVEN 9 - CROSSOVER	т		R OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE			
0 2 1- ON ROADWAY 2- ON SHOULDER 3- IN MEDIAN 4- ON ROADSIDE	10 - DRIVEWAY / ALL ACCESS 11 - RAILWAY GRADE	l . 1 .	1 - NOT COLLISION BETWEEN TWO MOTOR	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE		4 1- NORTH	9 (<4 FE	ED FLUSH MEDIAN ET)			
5 - ON GORE 6 - OUTSIDE TRAFFICWAY	CROSSING 12 - SHARED USE PA OR TRAILS	THS	VEHICLES IN TRANSPORT 2 - REAR-END	7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECT	TION	3 - EAST 4 - WEST	D FLUSH MEDIAN ET) D, DEPRESSED MEDIAN D, RAISED MEDIAN				
7 - ON RAMP 8 - OFF RAMP	13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNO	wn	3 - HEAD-ON	9 - OTHER / UNKNOWN			(ANY	ANY TYPE) THER / UNKNOWN			
WORK ZONE RELATED WORKERS PRESENT		WORK ZONE TYPE CLOSURE SHIFT/CROSSOVER		LOCATION OF CRASH IN WORL 1 - BEFORE THE 1ST WORL WARNING SIGN	(ZONE (ZONE	CONTOUR	CONDITIONS	SURFACE			
LAW ENFORCEMENT PRESENT	3 - WORK	ON SHOULDER EDIAN		2 - ADVANCE WARNING AF 3 - TRANSITION AREA 4 - ACTIVITY AREA	EA	1	_1_	2			
ACTIVE SCHOOL ZONE	4 - INTER 5 - OTHER	MITTENT OR MOVING WORK R		5 - TERMINATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL	1 - DRY 2 - WET 3 - SNOW 4 - ICF	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT			
LIGHT CONDITION	1		WE,	ATHER		4 - CURVE GRADE 9 - OTHER /UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE			
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWA				6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOV			MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	5 - DIRT 9 - OTHER /UNKNOWN			
4 - DARK - ROADWAY NOT LIG 5 - DARK - UNKNOWN ROADW 9 - OTHER / UNKNOWN		4 - RAIN 5 - SLEET	, HAIL	9 - FREEZING RAIN OR FREEZING DRI 99 - OTHER / UNKNOWN	ZZLE						
NARRATIVE							<u> </u>	Indicate the north			
UNIT#1 WAS TRAV	ELING WE	ST ON IR480 N	IEAR					direction with an "N" on the compass diagram.			
MILEPOST 24.4 IN	AN UNKNO	WN LANE.UN	IT#1 FAILED)		1 1					
TO CONTROL AND	TRAVELE	O TO THE LEF	T CROSSIN	G	Walj	l					
LANES AND THRO	UGH.THE.L	EFT SHOULD	ER.UNIT#1.		A						
CONTINUED TO TH	RAVEL WES	S.T. AS. THE. LEF	T. SIDE)] 1				
COLLIDED WITH T	HE CONCR	RETE BARRIEF	R.THREE){						
TIMES.UNIT#1 WA	S AT FINAL	REST-ON-THE	E-LEFT		\						
SHOULDER FACIN	IG·WEST·U	PON ARRIVAL	:BWC·····		24.4						
NOTE:DRIVER OF				:D		iR 480	w/B				
, MUST HAVE PAS					North						
, WOOT HAVE I AO					n⊛ Not To Scale						
CRASH REPORTED DATE/TIME		DISPATCH DAT		ARRIVAL DATE		1	RED DATE/TIME	REPORT TAKEN BY POLICE AGENCY			
	INVESTIGATION	0 6 0 4 2 0 2 5		0 6 0 4 2 0 2 5	CHECKED BY O	FFICER'S NAME*	2 5 1 6 2 3	MOTORIST			
CLOSED	TIME	R. Cr		DGE NUMBER*	M. Berdy	/SZ CHECKED BY OFFICER'S BADGE	NUMBER*	SUPPLEMENT (CORRECTION or ADDITION to as scattered referred by the Code			
0 0 4 5 7 4 0 3 7 1 1						L 1 4					

OHIO DEPARTMENT UNIT OF PUBLIC SAFETY UNIT IINIT # OWNER NAME: LAST, FIRST, MIDDLE OWNER PHONE: INCLUDE AREA CODE OWNER PHONE: INCLUDE AREA CODE								LOCAL REPORT NUMBER					
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE SPILKA JOH	(■ Sar	(Same As Driver)	DAMAGE DAMAGE SCALE								
		SS: STREET, CITY, STATE, ZIP	(Same As D	Oriver)		1 - NONE 3 - FUNCTIONAL DAMAGE							
	624	KINGFISHE	R CT	STREET			44241	4 2 - MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN				
COI	MMERCIAL CA	RRIER: NAME, ADDRESS, CITY, STATE, ZIP	•		COMMERC	IAL CARRIER PHONE: INCLUDE	AREA CODE						
-	LP STATE	LICENSE PLATE #		/EHICLE IDENTIFICATION #	VEHICLE YEAR VEHICLE MAKE			DAMAGED AREA(S) INDICATE ALL THAT APPLY					
L	O _L H	329ZMK		AMC, 7, J, 8, 3, 4, 2, 5	2 ₁ 5 ₁ 9 ₁ 6 ₁ 2 ₁ 0 ₁ 1 ₁ 8 ₁ Subaru			11 12 1	11 12 1				
	INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY #		VEHICLE COLOR VEHICLE MODEL WHI Other/Unknow			10 12	2 10 11 1 2						
	TYPE OF USE US DOT #		TOWED	BY: COMPANY NAME		9 3	3 9 9 3						
	COMMERCIAL GOVERNMENT RESPONSE VEHICLE WEIGHT GWWRIOCWR		'-	HAZARDOUS I	MATERIAL	785	7 5 7						
	INTERLOCK		MATERIAL RELEASED CLASS# PLACARD ID #			7 6 5	11 12 7 6 5						
	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART					23 - PEDESTRIAN/SKATER	10 /	11 1 2					
	2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK			14 - SINGLE UNIT TRUCK	20 - OTHER 21 - HEAVY	VEHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE	9	9 3 3				
	UNIT TYPE 4 - PICK UP 10 - MOPED OR NOTORIZED 15 - SEAM-TRACTOR UNIT TYPE 5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE 17 - MOTORHOME					WITHINDLING	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	7.	- 8 11 4 7				
CLE		•	(ATV / UTV)					12 1	7 6 5 112				
VEHICLE		# OF TRAILING UNITS		10 12	6 11 12 1								
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	MOUS MODE 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE		DITIONAL DMATION	9 - UNKNOWN	10 2	10 2				
L	2 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS 2-PARTIAL AUTOMATION MODE LEVEL					AUTOMATION AUTOMATION		8 4 -	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY			16 - FAF		21 - MAIL CARRIER 99 - OTHER /UNKNOWN	8 7 6 5	4					
L	0 1	3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 4 - SCHOOL TRANSPORT 9 - RUS - OTHER 14 - PUBLIC LITTLITY		18 - SNOW REMOVAL 19 - TOWING			6	6					
	FUNCTION 10-MINISTER 10-MINISTER 15-CONSTRUCTION EQUI INERT				20 - SAFETY SERVICE PATROL			12	12 12 12				
Ш	$0 \mid 1 \mid$	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX	8 - POLE 9 - CARGO TANK 10 - FLAT BED		2 - CONCRETE MIXER 3 - AUTO TRANSPORTER 4 - GARBAGE/REFUSE	. M .					
C	ARGO BODY	2 - BUS Y	4 - LOGGING	6 - CARGO VANIENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FL/ 11 - DU	11 DED	9 - OTHER / UNKNOWN	,60,	9 3 9 3 9 3				
L		1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT	10 - DIS	ABLED FROM PRIOR	9 - OTHER / UNKNOWN	6					
	VEHICLE 2 - USE / US		ACCIDENT 9 - MEDIANICROSSING ISLAND 12 - FIRST RESPONDER		O DAMAGE [0]	UNDERCARRIAGE [14]							
	ON-MOTORIST	MARKED CROSSWALK 2 - INTERSECTION -	4 - MIDBLOCK - MARKED CROSSWALK	DBLOCK - MARKED 7 - SHOULDER/ROADSIDE OSSWALK 8 - SIDEWALK		10 - DRIVEWAY ACCESS AT INCIDENT SCENE 11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN TRAILS		- TOP [13]	- ALL AREAS [15]				
LC	IMPACT	CATION AT UNMARKED 5-TRAVEL LANE-OTHER LOCATION IMPACT CROSSWALK						NIT NOT AT SCENE [16]					
	1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING UTURN 2 - NON-COLLISION 9 - EMPERING TRAFFIC LANE 3 - EMPERING TRAFFIC LANE			13 - NEGOTIATING A CURVE 18 - APPROACHING 14 - ENTERING OR CROSSING 19 - STANDING SPECIFIED LOCATION 20 OTHER MAN MOTORIST			"	NITIAL POINT OF CONTACT					
		3 - STRIKING 3 - CHANGING LANES 9 - CERVING TROUTED LANE 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10 - PARKED 1			15 - WAI	KING, RUNNING,	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE	1 1 0 - NO DAMAGE					
	ACTION 5 - BOTH STRIKING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 9 - OTHER / UNKNOWN 5 - MAKING LEFT TURN 12 - DRIVERLESS 12 - DRIVERLESS 13 - DRIVERLESS 14 - DRIVERLESS 15		IN TRAFFIC	16 - WORKING 99 - OTHER / UNKNOWN 17 - PUSHING VEHICLE			DIAGRAM 13 - TOP						
	3- VIII.A / UNIXVIII								TRAFFIC				
		1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 18 - OPERATING DEFECTIVE 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				
		9 5 - UNSAFE SPEED		FALLING/SPILLING 99 - OTHER IMPROPER 20 - IMPROPER CROSSING ACTION			1 2 - TWO-WAY	6 - NO CONTROL					
	NTRIBUTING CUMSTANCES						# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING					
T(S)	OUE	FILENTO							1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING				
EVEN	QUENCE OF			EVENTS				4	1 3 - INVOLVED - PASSIVE CROSSING				
1	1,3,	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANI	MAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT		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	19 - ANIN	MAL - DEER MAL - OTHER 'OR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN	U	1 - NORTH 5 - NORTHEAST				
² L	3 5	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRA	NSPORT KED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST				
3,	3 , 5 ,			COLLISION WITH FIXED OBJECT	- STDUOK		24 - OTHER MOVABLE OBJECT	FROM <u>3</u> то	4- WEST 8-SOUTHWEST				
		25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB 50 -WORKZONE MAINTENANCE				9 - OTHER / UNKNOWN				
4	3.5.	/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT		ANKMENT	EQUIPMENT 51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED				
_		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 - TREI	BOX	53 - TUNNEL 54 - OTHER FIXED OBJECT	.0,	3 1-STATED/ESTIMATED SPEED				
] °L		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				
								6 0 1					
L HSY8304	1 4 OH1U 1/19 [FIRST HARMFUL EVENT	2	MOST HARMFUL EVENT					PAGE OF				

OHIO DEPARTMENT	MOTODICT / NO	N MOTODI	СТ						LOCAL	REPORT NUMBER	ı			
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	MOTORIST / NO	JN-WIOTORI	31				_2	0 2 5	__ 1 __	3 7	9			
UNIT # NAME: LAST, FIRE	ST, MIDDLE						1				AGE	GENDER		
└ ⁰ │ ¹ │ SPILKA JOHN MARTIN							[1 2 3 1 1 9 5 8 6 6 M							
ADDRESS: STREET, CITY, STATE, ZIP	IOLIED OT						CONTACT	T PHONE - INCLUDE AREA CODI	E					
021	ISHER CT MS AGENCY (NAME)	FREETSBORO CAL FACILITY (NAME, CITY)	OH 4		\neg		SEATING POSITION AIR BAG USAGE EJECTION 1							
N BY	GHFD	Marymo	ount	USED	0 4		DOT-COMPLIAN MC HELMET		1	4	. . .			
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE			OFFENSE DESCRIPT				 -	CITATION NUM	IBER			
0				CODE										
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTI		CONDITION	STATUS	ALCOH TYPE	HOL TEST VALUE	STATI	US TYPE	DRUG TEST(S)	ULT SELECT UP TO 4		
s _ 4 _		"1	ALCOHOL MA OTHER DRUG	RJUANA	5	1_1			_ 1	_ 1				
M UNIT# NAME: LAST, FIRE	ST, MIDDLE						 	DATE OF BI	IRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT	CONTACT PHONE - INCLUDE AREA CODE						
S T														
I INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	SAFETY EQUII USED	PMENT		DOT-COMPLIAN		SITION	AIR BAG USAG	GE EJECTION	TRAPPED		
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE (CHARGED	LOCAL OF	FFENSE DESCRIPT	ION I	mo neemen			CITATION NUM	BER			
M D				CODE										
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTE	ED .	CONDITION			IOL TEST		<u> </u>	DRUG TEST(S)			
SELECT UP 102		BY		RUUANA		STATUS	TYPE	VALUE	STATU	JS TYPE	RESU	JLT SELECT UP TO 4		
UNIT# NAME: LAST, FIRE	ET MIDDLE		OTHER DRUG				 	DATE OF BI	IRTH		AGE	GENDER		
ONIT# HAME: 2331, File	or, middle						ļ	3,112 01 31				J. SERIER		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT	F PHONE - INCLUDE AREA CODE	<u> </u>]				
INJURIES INJURED E	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQUIP USED	MENT	Т	DOT-COMPLIAN	SEATING POS	SITION	AIR BAG USAG	GE EJECTION	TRAPPED		
							MC HELMET	<u>"</u>			_			
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE	CHARGED	LOCAL O CODE	OFFENSE DESCRIPT	TION				CITATION NUM	BER			
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTE		CONDITION		AL COLL	IOL TEST			DDITC TEST(S)			
R SELECT UP TO 2	RESTRICTION SELECT OF 103	DISTRACTED BY		RIJUANA	CONDITION	STATUS		VALUE	STATU	US TYPE	DRUG TEST(S)	ULT SELECT UP TO 4		
			OTHER DRUG					<u>- L L L L L L L L L L L L L L L L L L L</u>						
INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE	AIR BAG 1 - NOT DEPLOYED	OL CL 1 - CLASS A	ASS	1 - ALCOHOL	RESTRICTION	N(S)	DRIVER DIS	TRACTION	1-N	TEST S	TATUS		
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE			2 - MANUALLY OPERATIF			EST REFUSED			
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C				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		4 - REGULAR CLASS (OHIO = D)		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	5 - M / C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS			COMMUNICATION DEVICE			5 - TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)					RACTOR-TRAI		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE						
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE				RESTRICTI	TONS		5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE						
- EMS 9 - THIRD - RIGHT SIDE - POLICE 10 - SLEEPER SECTION OF		EJECTION 1 - NOT EJECTED	OL ENDOR	OL ENDORSEMENT 9 - LEARNER'S PERMIT RESTRICTIONS				6 - PASSENGER 7 - OTHER DISTRACTION INSIDE			ALCOHOL TEST TYPE 1 - NONE			
9 - OTHER / UNKNOWN	TRUCK CAB 11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE		10 - LIMITED T ONLY	TO DAYLIGHT		7 - OTHER DISTRACTION THE VEHICLE	NINSIDE		BLOOD			
	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED T	TO EMPLOYME - OTHER	ENT	8 - OTHER DISTRACTION THE VEHICLE	NS OUTSIDE	3-0	JRINE			
SAFETY EQUIPMENT	PICK-UP WITH CAP) 12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER Q - MOTOR SCOOTER		13 - MECHANI	ICAL DEVICES BRAKES, HAND		9 - OTHER / UNKNOWN			BREATH OTHER			
1 - NONE USED 2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER R - THREE-WHEEL MOT	ORCYCLE	CONTROLS	S, OR OTHER				5-0	IIIER			
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	S - SCHOOL BUS			VEHICLES OF	NLY				DRUG TI	EST TYPE		
- SHOULDER & LAP BELT USED 14 - RIDING ON VEHICLE - CHILD RESTRAINT SYSTEM - EXTERIOR		2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TO	T - DOLIRI E & TRIPI E TRAIL ERS 15 - MOTOR VE			MOTOR VEHICLES WITHOUT AIR BRAKES				DRUG TEST TYPE 1 - NONE			
FORWARD FACING 6 - CHILD RESTRAINT SYSTEM -	(NON-TRAILING UNIT) 15 - NON-MOTORIST	3 - FREED BY	X - TANKER / HAZMAT	X - TANKER / HAZMAT 16 - OUTSIDE			5 - OUTSIDE MIRROR 7 - PROSTHETIC AID		CONDITION		2 - BLOOD 3 - URINE			
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS			18 - OTHER			1 - APPARENTLY NORM. 2 - PHYSICAL IMPAIRME			THER			
8 - HELMET USED								3 - EMOTIONAL (E.G. DEI						
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			GENE	DER				ANGRY, DISTURBED)			DRUG TEST	RESULT(S)		
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN			F - FEMALE					4 - ILLNESS 5 - FELL ASLEEP, FAINT	ED.		MPHETAMINES BARBITURATES			
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			M - MALE					FATIGUED, ETC.	_0,		BENZODIAZEPINES CANNABINOIDS			
STILLY ORNANOWA			U - OTHER/UNKNOWN					6 - UNDER THE INFLUEN MEDICATIONS / DRUG		5 - 0	COCAINE			
								/ ALCOHOL			OPIATES / OPIOIDS OTHER			
								9 - OTHER / UNKNOWN						
										0-1	IEGATIVE RESULTS			
										0-10	IEGATIVE RESULTS			

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(SAPETY - SE	ERVICE - PROTECTION	JOOOI AITI 7 TVI	11200	ADDENDOM		2 0 2 5 1	3 7 9	1 1	ı					
	1007.4	NAME		DATE OF BIRTH AGE											
	UNIT#	NAME: LAST, FI	RS1, MIDDLE	DATE OF BIR	IH			GENDER							
INT	ADDDESS: expr	EET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT	ADDRESS. SIKE	EI, GIII, SIAIE, ZIF						1 1 1	1	1	1 1				
0	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		POSITION AIR BA	G USAGE	EJECTION	TRAPPED				
		TAKEN BY				USED	DOT-COMPLIANT MC HELMET			, ,	1 1				
	UNIT#	NAME: LAST, FI	RST. MIDDLE				DATE OF BIR	тн		AGE	GENDER				
	1 1														
JPANT	ADDRESS: STRE	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
OCCUI															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	SEATING DOT-COMPLIANT	POSITION AIR BAG	G USAGE	EJECTION	TRAPPED				
		L				L	MC HELMET								
Ī	UNIT#	NAME: LAST, FI	RST, MIDDLE		1	DATE OF BIR	тн		AGE	GENDER					
										1 1 1	L				
UPANT	ADDRESS: STRE	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	DDE							
nooo															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING	POSITION AIR BAG	G USAGE	EJECTION	TRAPPED				
							MC HELMET		ш	ш					
Ī	UNIT#	NAME: LAST, FI	RST, MIDDLE		•		DATE OF BIR	тн		AGE	GENDER				
							1 1 1	_ _							
JPANT	ADDRESS: STRE	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
OCC															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING	POSITION AIR BAG	G USAGE	EJECTION	TRAPPED				
							MC HELMET		Ш	ш					
	3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - NO APPARENT INJURY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN 2 - S				EAT	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED SIDE 5 - NOT APPLICABLE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN CK CAB LOSED CARGO AREA LUP WITH CAP) ED CARGO AREA IOR 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS									
WITNESS	NAME: LAST, FIRST	r, MIDDLE	BRIA		DATE OF BIRTH										
	ADDRESS: STREET	VIN OAK	S DR BROADVIEW	HTS OH	44147		1		ACE	<u> </u>	GENDED				
ESS	ADDRESS: STREET	VIN OAK	S DR BROADVIEW		44147 MICHAEL		DATE OF BIR		AGE		GENDER M				
WITNESS	ADDRESS: STREET 8025 TV NAME: LAST, FIRST DAILEY ADDRESS: STREET	T, CITY, STATE, ZIP		RICK	MICHAEL		DATE OF BIR	 пн 9 6 8							
WITNESS	ADDRESS: STREET 8025 TV NAME: LAST, FIRST DAILEY ADDRESS: STREET	VIN OAKS T, MIDDLE T, CITY, STATE, ZIP R ROBEF	PATF	RICK	MICHAEL		DATE OF BIR 1 2 2 0 1 CONTACT PHONE - INCLUDE ARE	TH 9 6 8							
	ADDRESS: STREE 8025 TV NAME: LAST, FIRST DAILEY ADDRESS: STREE 4490 SII	VIN OAKS T, MIDDLE T, CITY, STATE, ZIP R ROBEF	PATF	RICK	MICHAEL		DATE OF BIR 1 2 2 0 1 CONTACT PHONE - INCLUDE ARE DATE OF BIR		5 6		M				
WITNESS	ADDRESS: STREE 8025 TV NAME: LAST, FIRST DAILEY ADDRESS: STREE 4490 SII	VIN OAKS T, MIDDLE T, CITY, STATE, ZIP R ROBER T, MIDDLE	PATF	RICK	MICHAEL		DATE OF BIR 1 2 2 0 1 CONTACT PHONE - INCLUDE ARE		5 6		M				

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