OHIO DEPARTMENT POPUBLIC SAFETY TRAFFIC CRASH REPORT ODENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER *					
OH-2 OH-3 LOCAL INFORMATION									2 0 2 5 1 9 1 8				
PHOTOS TAKEN SECONDARY CRASH	HIT/SKIP 1 - Solved	NI IMPRED OF LIMITS	T , 0	1 98 - ANIMAL									
COUNTY* LOCALIT	Private Property			_D HEIGH	HTS	UII	8 2 0	2 - Unsolved CRASH DA	0 2		1 99 - UNKNOWN CRASH SEVERITY		
1181 11	1 - CITY * 2 - VILLAGE *	LOCATION: CITY, VILLAG GARFIELI						 					
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH		2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY								
OCATION			2 - SOUTH 3 - EAST 4 - WEST	I-480 E		D NAME ROAD TYPE ST L H L W L							
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH	DEEEDENG	ENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE			LONGITUDE DECIMAL		- PROPERTY DAMAGE ONLY			
REFERENCE			2 - SOUTH 3 - EAST 4 - WEST	GRANG		0032.0)	R_1D_1	- 8 1 _. 6 1 5 8 2 8					
REFERENCE POINT			POLITE TYPE		BUT	IN TYPE			INTERSECTION RELATE	D			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH		RSTATE ROUTE (TP) AL - ALLEY HW - HIGHWAY RD - ROAD ERAL US ROUTE AV - AVENUE LA - LANE SO - SQUARE					☐ WITHIN INTERSE	CTION OR ON APPROACH		1		
	3 - EAST 4 - WEST		RED COUNTY ROU	TE	CR - CIRCLE OV - CT - COURT PK -	OVAL TI PARKWAY TI	T - STREET E - TERRACE L - TRAIL	☐ WITHIN INTERCH.	ANGE AREA	NUMB	BER OF APPROACHES		
DISTANCE EDOM DECEDEMOE	DISTANCE INIT OF MEASURE 1 - Miles	TR - NUMBEI ROUTE	RED TOWNSHIP		DR - DRIVE PI - I HE - HEIGHTS PL -	PIKE W PLACE	/A - WAY		ROADWAY				
5 0	2 - Feet 3 - Yards							☐ ROADWAY DIVIDED					
0 1 1-0N ROAL	CATION AS EIDST HADMEIII DWAY 9 - CROSSOVE	R		M 1 - NOT COLLISION	ANNER of CRASH COLLISION 4 - REAR-TO-RI			DIRECTION OF TRAVEL		MEDIAN TYP	E		
3 - IN MEDIA 4 - ON ROAL	AN ACCESS DSIDE 11 - RAILWAY	GRADE	7	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN	4 - REAR-TO-RI 5 - BACKING 6 - ANGLE	-ni/		1 - NORTH 2 - SOUTH	(<4 FE	DED FLUSH ME EET)			
5 - ON GORI 6 - OUTSIDE TRAFFIC	12 - SHARED L	JSE PATHS		TRANSPORT 2 - REAR-END		OPPOSITE DIRECTION		3 - EAST 4 - WEST	(≥4 FI 3 - DIVID	ED, DEPRESS	ED MEDIAN		
7 - ON RAMI 8 - OFF RAM		TH		3 - HEAD-ON	9 - OTHER / UN	KNOWN			(ANY	DED, RAISED M TYPE) ER / UNKNOWN			
☐ WORK ZONE RELATED	1-	WORK ZONE	TYPE		LOCATION OF O	CRASH IN WORK ZONE THE 1ST WORK ZONE	E :	CONTOUR	CONDITIONS		SURFACE		
WORKERS PRESENT LAW ENFORCEMENT PRESENT	2 -	LANE SHIFT/CROSSOV WORK ON SHOULDER	ER		WARNIN	G SIGN E WARNING AREA	-	_1_	2		2		
PRESENT		OR MEDIAN INTERMITTENT OR MO OTHER	/ING WORK		4 - ACTIVIT 5 - TERMIN	Y AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT	1 - DRY 2 - WET		- CONCRETE - BLACKTOP,		
ACTIVE SCHOOL ZONE								GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT,	3	BITUMINOUS, ASPHALT - BRICK/BLOCK		
1 - DAYLIGHT	CONDITION		1 - CLEAR		WEATHER 6 - SNOW			9 - OTHER /UNKNOWN	OIL, GRAVEL 6 - WATER (STANDING, MOVING)	5	- SLAG, GRAVEL, STONE - DIRT		
	WAY NOT LIGHTED	4.	4 - RAIN	MOG, SMOKE	7 - SEVERE CROSSWI 8 - BLOWING SAND, SI 9 - FREEZING RAIN OR	OIL, DIRT, SNOW			7 - SLUSH 9 - OTHER/UNKNOWN	9	- OTHER /UNKNOWN		
5 - DARK - UNKN 9 - OTHER / UNKI	OWN ROADWAY LIGHTING NOWN		5 - SLEET,	, HAIL	99 - OTHER / UNKNOW	/N							
NARRATIVE					Ĭ	- : :					Indicate the north		
UNIT 1 WAS F	PARKED ON T	HE RIGH	TSHOU	LDER OF	=						direction with an "N" on the compass diagram.		
THE FREEWA	Y. UNIT 2 LOS	ST CONT	ROL AN	D SIDE-S	SWIP	480	(10	100000000000000000000000000000000000000			Compass diagram.		
ED UNIT 1. UI	NIT 2 WAS CIT	TED FOR	FAILUR	Е ТО		e N	19.000	THE REAL PROPERTY.			101		
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CRASH REPORTE			DISPATCH DATI			ARRIVAL DATE/TIME		1	ED DATE/TIME	Τ.	REPORT TAKEN BY POLICE AGENCY		
0 7 2 7 2 0 2 TOTAL TIME ROADWAY	5 0 3 4 6 OTHER INVESTIGATION	0 7 2 7	12 0 2 5 OFFICER'S	0 3 5	2 0 7 2 7	2 0 2 5		0 7 2 7 2 0 2 FICER'S NAME*	2 5 0 4 3 5		MOTORIST		
CLOSED	TIME	MINUTES	Y. Ihi	ri			V. Walke	r			SUPPLEMENT		
0		_↓ 4 3		OFFICER'S BADGE NUMBER'				CHECKED BY OFFICER'S BADGE	NUMBER*		(CORRECTION or ADDITION to see Excessed septed select to copie		

	OH OF SAPE	HIO DEPARTMENT PUBLIC SAFETY UNIT				PHONE: INCLUDE AREA CODE /		2,0,2,5,1	LOCAL REPORT NUMBER
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE DUNCAN CF	(🗖 Sar	Same As Driver)		DAMAGE DAMAGE SCALE			
OWNER		ESS: STREET, CITY, STATE, ZIP	(Same As D	•				1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
МО	4058	NORTHFIE ARRIER: NAME, ADDRESS, CITY, STATE, ZIF		HIGHLA		LLS OH 4	I4122 EA CODE	3 2- MINOR DAMAGE	9 - UNKNOWN
					DAMAGED AREA(S)				
	LP STATE	LICENSE PLATE # U051526		EHICLE IDENTIFICATION#	2,6,0,	VEHICLE YEAR	VEHICLE MAKE Jeep	12	INDICATE ALL THAT APPLY
	_ INSL	URANCE INSURANCE COMPANY	′	INSURANCE POLICY#		VEHICLE COLOR	VEHICLE MODEL	10 12	10 12
	_ VE	TYPE OF USE	CEPTANCE	HUGO-127215		SIL D BY: COMPANY NAME	Compass	10 2	
	COMMER	CIAL GOVERNMENT	IN EMERGENCY RESPONSE	VEHICLE WEIGHT GWWR/GCWR	_ INT	ERSTATE HAZARDOUS MA	FERIAL		
	INTERLO DEVICE EQUIPPE	☐ HIT/SKIP UNIT	# OCCUPANTS 0 2	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		MATERIAL RELEASED PLACARD	CLASS# PLACARD ID#	7 6 5	7 6 5
	, 0 , 1 ,	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	19 - BUS (1) 20 - OTHER	6+ PASSENGERS) 24- R VEHICLE 25-	PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE) OTHER NON- MOTORIST BICYCLE	10	11 1 2
	UNIT TYPE	4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAI	L WITH RIDER OR 27 -	TRAIN UNKNOWN OR HIT/SKIP	,	8 11 4
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VEH		# OF TRAILING UNITS						10 12 1	2 10 11 1 2
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	0 1 SPECIAL FUNCTION	4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY PECIAL 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP			18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		6	12 12 12	
	1011	1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS			8 - POLE 12 - CONCRETE MIXER 9 - CARGO TANK 13 - AUTO TRANSPORTER (10 - FLAT BED 14 - GARBAGEREFUSE		o M 20		
	CARGO BODY TYPE	2 - BUS Y	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FL 11 - DL		OTHER / UNKNOWN	,60,	9 3 9 3 9
		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 - DIS	TOR TROUBLE 99 - SABLED FROM PRIOR CIDENT	OTHER / UNKNOWN	6	6 6
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI	IVEWAY ACCESS	FIRST RESPONDER AT INCIDENT SCENE OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14]
	NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION	0 - SIDEWALK	TRAILS		- UNIT NOT AT SCENE [16]		
	4	1- NON-CONTACT 2- NON-COLLISION 0 1	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	14 - EN	TERING OR CROSSING	- APPROACHING OR LEAVING VEHICLE - STANDING	'	NITIAL POINT OF CONTACT
		4-STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, 21 - STANDING		- OTHER NON-MOTORIST - STANDING OUTSIDE DISABLED VEHICLE	0 - NO DAMAG	
	ACTION	5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS		16 - WORKING 99 - OTHER / UNKNOWN 17 - PUSHING VEHICLE		DIAGRAN 13 - TOP	
									TRAFFIC
		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED	18 - OPI	ERATING DEFECTIVE 22	LYING IN ROADWAY NOT DISCERNABLE ODENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN
	.0.1.	4 - RAN STOP SIGN 5 - UNSAFE SPEED	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19 - LOA	AD SHIFTING/ LING/SPILLING	OPENING DOOR INTO ROADWAY OTHER IMPROPER	1 - ONE-WAY	6 2-SIGNAL 5-YIELD SIGN
	CONTRIBUTING	6 - IMPROPER TURN	11 - DROVE OFF ROAD 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
EVENT(S)	SEQUENCE OF	EVENTS		EVENTS				04	2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
ű		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF			WORK ZONE MAINTENANCE		
		3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT	UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19 - ANII	MAL - OTHER	EQUIPMENT STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN	U	INIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST
	2	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRA	INSPORT KKED MOTOR VEHICLE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST
	3			COLLISION WITH FIXED OBJECT	T - STRUCK		OBJECT	FROM 4 TO	3 4-WEST 8-SOUTHWEST 9-OTHER/UNKNOWN
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CUF 44 - DITO	CH E1	WORKZONE MAINTENANCE EQUIPMENT WALL	UNIT SPEED	DETECTED SPEED
		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR	45 - EME 46 - FEN 47 - MAII	ICE 52 - LBOX 53 -	BUILDING TUNNEL	^	
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	SUPPORT 42 - CULVERT	48 - TRE	E 54 -	OTHER FIXED OBJECT OTHER / UNKNOWN	0	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR
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	OH OF MAPE	IIO DEPARTMENT PUBLIC SAFETY TY - SERVICE - PROTECTION UNIT				HONE: INCLUDE AREA CODE ,		_2_0_2_5_1	LOCAL REPORT NUMBER	
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE BENTLER T	^E (■ Sar OSHA ALEXANI		DAMAGE DAMAGE SCALE					
OWNER	OWNER ADDRE	ESS: STREET, CITY, STATE, ZIP	(🖪 Same As D	·				1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
МО	1672	COLONIAL ARRIER: NAME, ADDRESS, CITY, STATE, ZIF		BUCYR	_	OH 4	14820 EA CODE	3 2 - MINOR DAMAGE	9 - UNKNOWN	
						DAMAGED AREA(S)				
	LP STATE	LICENSE PLATE # GUS6692		FINE TO THE PROPERTY OF THE PR	TEMPER ID III				INDICATE ALL THAT APPLY	
	_ INSU	JRANCE INSURANCE COMPANY	(INSURANCE POLICY#		VEHICLE COLOR	VEHICLE MODEL	10	2 10 12	
	- VE	PROGRES TYPE OF USE		968691239 us dot#	TOWED	BLK BY: COMPANY NAME	Corolla	2 -		
	☐ COMMERCIAL ☐ GOVE		IN EMERGENCY RESPONSE	VEHICLE WEIGHT GVWR/GCWR	INTERSTATE HAZARDOUS MATERIAL		3 4 5	8 4 7 5 5		
	INTERLO DEVICE EQUIPPE	☐ HIT/SKIP UNIT	# OCCUPANTS 0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		MATERIAL RELEASED PLACARD	CLASS# PLACARD ID#	7 6 5	7 6 5	
	10 1 1 1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIANSKATER 19 - BUS (16 - PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 20 - OTHER VEHICLE 25 - OTHER NON- MOTORIST 21 - HEAVY EQUIPMENT 26 - BICYCLE 9 3 3					
	UNIT TYPE	4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL	. WITH RIDER OR 27	- TRAIN - UNKNOWN OR HIT/SKIP	,		
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		4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPME			19 - TOWNS 20 - SAFETY SERVICE PATROL		0	12 12 12		
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	NON-MOTORIST	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI	VEWAY ACCESS	- FIRST RESPONDER AT INCIDENT SCENE - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	- UNDERCARRIAGE [14]	
	LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION	o district	TRAILS			- UNIT NOT AT SCENE [16]		
	2	1-NON-CONTACT 2-NON-COLLISION 0 1	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	14 - ENT	TERING OR CROSSING	B - APPROACHING OR LEAVING VEHICLE 9 - STANDING	IN	IITIAL POINT OF CONTACT	
		3 - STRIKING 4 - STRUCK PRE-CRASH 5 - BOTH STRIKING	1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, 21 - STANDING O		0 - OTHER NON-MOTORIST 1 - STANDING OUTSIDE DISABLED VEHICLE	1 2 0 - NO DAMAGE	14 - UNDERCARRIAGE D UNIT 15 - VEHICLE NOT AT SCENE	
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WO	RKING 99 SHING VEHICLE	9 - OTHER / UNKNOWN	DIAGRAM 13 - TOP	99 - UNKNOWN	
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	.0.1.	4 - RAN STOP SIGN 5 - UNSAFE SPEED	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19 - LOAD SHIFTING/ ROADWAY FALLING/SPILLING 99 - OTHER IMPROPER			1 - ONE-WAY 1 - ONE-WAY	6 2-SIGNAL 5-YIELD SIGN	
	CONTRIBUTING	6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING ACTION			#OF THROUGH LANES	3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING	
(1	CIRCUMSTANCES							ON ROAD	1 - NOT INVOLVED	
EVENT(S	SEQUENCE OF	EVENTS		EVENTS				04	2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
	1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANII	MAL - FARM	- WORK ZONE MAINTENANCE EQUIPMENT		IIT I NON MOTORIOT DISPOSTON	
		3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT	UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19 - ANIN 20 - MOT	TOR VEHICLE IN	- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN	UN	IIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST	
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	3			COLLISION WITH FIXED OBJECT			OBJECT	FROM 4 TO	3 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 - CUF 44 - DITC 45 - EMB	CH ANKMENT 51	-WORKZONE MAINTENANCE EQUIPMENT - 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	46 - FEN 47 - MAIL	CE 52 BOX 53	- BUILDING - TUNNEL - OTHER FIXED OBJECT	. 0	1 - STATED/ESTIMATED SPEED	
	5	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	SUPPORT 42 - CULVERT	48 - TREI 49 - FIRE		- OTHER / UNKNOWN		2 - CALCULATED / EDR	
	6							POSTED SPEED	3 - UNDETERMINED	
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OHIO DEPARTMENT	MOTORIST / NO	N MOTODI	ет					CAL REPORT NU		
OF PUBLIC SAFETY SAFETY · SERVICE · PROTECTION	WOTORIST / NC	N-WOTORI	31			_ 2 _	0 2 5 1	9 1	8	
M UNIT# NAME: LAST, FIRST	MIDDLE									GENDER
DUNC ADDRESS: STREET, CITY, STATE, ZIP	AN	CRISTAL	ISIS			_	2 3 1 9	/ /		F
1	IFIELD RD	ш	GHLAND HILLS	OH 44	1122	CONTACT PH	IONE - INCLUDE AREA CODE	1 1	1 1	1 1 1
T 7000 HORITI	S AGENCY (NAME)		CAL FACILITY (NAME, CITY)	SAFETY EQUIPM USED	ENT		SEATING POSITION	AIR BAC	S USAGE EJECTION	ON TRAPPED
5 1					0 2	DOT-COMPLIANT MC HELMET	0 1	」 ∟1	_1_	_
OL STATE OPERATOR LICEI	NSE NUMBER	OFFENSE	CHARGED	LOCAL OFF	FENSE DESCRIPTION			CITATIO	N NUMBER	
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTE		CONDITION	ALCOHOL	TEST		DRUG TEST(S)	
R SELECT UP TO 2	NEONIONO SEEES OF 105	DISTRACTED BY	ALCOHOL MAR		STATUS	TYPE	VALUE S	.	TYPE RE	SULT SELECT UP TO 4
			OTHER DRUG		1 1	Ŭ <mark>Ш</mark> ∎		1 _	<u>1</u>	<u> </u>
M UNIT# NAME: LAST, FIRST						. 0 . 1	DATE OF BIRTH	.9 ⊥8	AGE	GENDER
0 2 BENT	LER	TOSHA	ALEXA	NDER			ONE - INCLUDE AREA CODE	9 0		∬ F
s 1672 COLON	IIAL DR	Bl	JCYRUS	OH 44	1820					
	IS AGENCY (NAME)		ICAL FACILITY (NAME, CITY)	SAFETY EQUIPM USED	IENT	_ DOT-COMPLIANT	SEATING POSITION	AIR BAG	USAGE EJECTIO	DN TRAPPED
						MC HELMET	0 1	_ 1	_1_	_ _1_
OL STATE OPERATOR LICES	NSE NUMBER	OFFENSE (CHARGED	CODE	ENSE DESCRIPTION			CITATION	N NUMBER	
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL	TEST		DRUG TEST(S)	
R SELECT UP TO 2		DISTRACTED BY	ALCOHOL MARI	JUANA	STATUS	TYPE 1			TYPE RES	SULT SELECT UP TO 4
			OTHER DRUG		1 1	1 -		1 _	1	GENDER
M UNIT# NAME: LAST, FIRST,	MIDDLE						DATE OF BIRTH		AGE	GENDER
R ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PH	ONE - INCLUDE AREA CODE			
I S										
INJURIES INJURED EN	IS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	CAL FACILITY (NAME, CITY)	SAFETY EQUIPME USED	ENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG	USAGE EJECTIO	ON TRAPPED
N L						MC HELMET				
OL STATE OPERATOR LICEN	NSE NUMBER	OFFENSE (CHARGED	LOCAL OFF	FENSE DESCRIPTION			CITATION	N NUMBER	
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTED) (CONDITION	ALCOHOL 1	TEST		DRUG TEST(S)	
R SELECT UP 102		DISTRACTED BY	ALCOHOL MARI	JUANA .	STATUS	TYPE	VALUE S	TATUS	TYPE RE	SULT SELECT UP TO 4
3 T			OTHER DRUG			<u> </u>				
INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	OL GLA	ASS	OL RESTRICTIO 1 - ALCOHOL INTERLOCK		DRIVER DISTRACTION OF THE PROPERTY OF THE PROP	ON	1 - NONE GIVEN	STATUS
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION	ON	2 - TEST REFUSED	
4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT /	3 - CLASS C SIDE 4 - REGULAR CLASS (OH	IO = D)	3 - CORRECTIVE LENSES 4 - FARM WAIVER		DEVICE (TEXTING, TYPING, DIALING)		3 - TEST GIVEN, CONT SAMPLE / UNUSABL	
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A	3	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		4 - TEST GIVEN, RESU 5 - TEST GIVEN, RESU	
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTOR-TRAI	NLER 4	4 - TALKING ON HAND-HELD		3 - TEST GIVEN, RESU	LIS UNKNOWN
1 - NOT TRANSPORTED //TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMEDIATE LICENSE RESTRICTIONS	iE 5	COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN			
2 - EMS	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION	OL ENDORS	SEMENT	9 - LEARNER'S PERMIT RESTRICTIONS	6	ELECTRONIC DEVICE S - PASSENGER			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 DAYLIGHT ONLY	r 7	7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE 2 - BLOOD	
o omet, outdown	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS.	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED TO EMPLOYM 12 - LIMITED - OTHER	MENT 8	B - OTHER DISTRACTIONS OUTS	IDE	3 - URINE	
SAFETY EQUIPMENT	PICK-UP WITH CAP) 12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		- OTHER / UNKNOWN		4 - BREATH	
1 - NONE USED 2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER R - THREE-WHEEL MOTO	DRCYCLE	CONTROLS, OR OTHER ADAPTIVE DEVICES)	,			5 - OTHER	
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	1 - NOT TRAPPED	S - SCHOOL BUS		14 - MILITARY VEHICLES OF	DNLY			DRUG 1	TEST TYPE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TR	AILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5			1 - NONE 2 - BLOOD	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT		16 - OUTSIDE MIRROR 17 - PROSTHETIC AID		CONDITION 1 - APPARENTLY NORMAL		3 - URINE	
7 - BOOSTER SEAT	99 - OTHER / UNKNOWN				18 - OTHER		2 - PHYSICAL IMPAIRMENT		4 - OTHER	
8 - HELMET USED 9 - PROTECTIVE PADS USED							3 - EMOTIONAL (E.G. DEPRESSEI ANGRY, DISTURBED)),	DRIIG-TES	ST RESULT(S)
(ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING			GENDE F - FEMALE	ER			4 - ILLNESS		1 - AMPHETAMINES	-1150-1(5)
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE			:	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES	
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN				6 - UNDER THE INFLUENCE OF		4 - CANNABINOIDS 5 - COCAINE	
							MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS 7 - OTHER	
						!	9 - OTHER / UNKNOWN		8 - NEGATIVE RESULT	S

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OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER					
						2 0 2 5 1 9 1 8					
UNIT#	NAME: LAST, FII		DES	MOND DARN	ELL	DATE OF BIR	тн 1 9 8 0	AGE 4 4	GENDER		
ADDRESS: STR	REET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
	GROSVEN	IOR RD SOUTH EU	CLID OF	ł 44118							
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 2	DOT-COMPLIANT MC HELMET SEATING	S POSITION AIR BAG US	AGE EJECTION	TRAPPED 1		
UNIT#	NAME: LAST, FI	RST, MIDDLE			•	DATE OF BIRTH AGE GENDER					
ADDRESS: STR	REET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	POSITION AIR BAG US	AGE EJECTION	TRAPPED		
UNIT#	NAME: LAST, FII	RST, MIDDLE				DATE OF BIR	тн	AGE	GENDER		
								J L L L			
ADDRESS: STR	REET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	ODE				
					SAFETY EQUIPMENT						
INJURIES	INJURED TAKEN BY	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) L INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)				DOT-COMPLIANT MC HELMET	POSITION AIR BAG US	AGE EJECTION	TRAPPED		
UNIT#	NAME: LAST, FII	RST, MIDDLE			DATE OF BIR	тн	AGE	GENDER			
ADDRESS: STR	REET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	DDE				
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	SEATING	POSITION AIR BAG US	AGE EJECTION	TRAPPED		
1 1	TAKEN BY	Line Notice (Wanz)		MONEE PRIZER OF MEDICAL PROPERTY	USED	DOT-COMPLIANT MC HELMET	1 1 1 1				
	IN	JURIES	1 - NONE USED	SAFETY EQUIPMENT USED	SEATI 1 - FRONT - LEFT SIDE (MOTORCYC	NG POSITION	AIR 1 - NOT DEPLOYED	BAG 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/	BELT ONLY USED \$ILY USED \$LAPBELT USED \$ALAPBELT USED RAINT SYSTEM - G \$ALAPBELT SED \$ALAPBELT USED \$A	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LIEFT SIDE (MOTORCY 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LIEFT SIDE (MOTORCYCL 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENDLC (NON-TRAILING UNIT) US, PICK-U 12 - PASSENGER IN UNENCLOSED 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOL (NON-TRAILING UNIT) 5 - NON-MOTORIST 99 - OTHER / UNKNOWN	E SIDE CAR) CAB SED CARGO AREA WITH CAP) CARGO AREA	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN ESPECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE				
	G	ENDER									
F - FEMALE M - MALE								TRAPPED			
U - OTHERUNKNOWN							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				
NAME: LAST, FIRS	ST MIDDLE					N. 100	TU	AGE	GENDER		
ASI, PRS	o., middle					DATE OF BIR	'n		- SEMBER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE ARI	A CODE				
NAME: LAST, FIRST, MIDDLE						DATE OF BIR	тн	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE ARE	A CODE				
NAME: LAST, FIRS	ST, MIDDLE					DATE OF BIR	тн	AGE	GENDER		
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	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE ARE	A CODE		<u> </u>		

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