OHIO DEPART OF PUBLIC SA SAPETY - SERVICE - PR	TRAFFIC	CRAS	H REPO	RT *DENOTES	MANDATORY FIELD FOR SUPPLEMENT REPORT			LOCAL REPORT NUMBE	R*	
■ PHOTOS TAKEN		OH-3	TURNEY		OOKHILL Dr.		[2 0 2 5 <sub>]</sub>	3   0   2   8		
□ SECONDARY CRASH	SECONDARY CRASH  OH-1P OTHER  ORDER  OH-2P OTHER  OH-2P OTHER  OH-1P O							NIIMRED OF LINITS	0 2 98 - ANIMAL 99 - UNKNOWN	
COUNTY* LOCAL	LITY*	LOCATION: CITY, VI		LD HEIGI	110		CRASH DA	TE/TIME *	CRASH SEVERITY	
1 8 1	2 - VILLAGE * 3 - TOWNSHIP *	GARFIE	LD HTS				1-FATAL 1-FATAL 2- SERIOUS INJI			
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST	LOCATION RO		ROAD TYPE	I ATITUDE DECIMA		3 - MINOR INJURY SUSPECTED	
	ROUTE NUMBER	PREFIX	4 - WEST 1 - NORTH	TURNE	Y 	R D ROAD TYPE	LONGITUDE DECIMAL		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE	ROUTE NUMBER	PREFIX	2 - SOUTH 3 - EAST 4 - WEST	RYBAK	E ROAD NAME (ROAD, MILEPOST, HOUSE #)	AV	-   8   1   5   8			
REFERENCE POIN			POLITE TYPE		ROAD TYPE			INTERSECTION RELATED		
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	4 3-EAST	US - FED	RSTATE ROUTE (TP) DERAL US ROUTE	1	AV - AVENUE LA - LANE	RD - ROAD SQ - SQUARE ST - STREET	■ WITHIN INTERSE	CTION OR ON APPROACH	4 ,	
DISTANCE	DISTANCE	CR - NUM	TE ROUTE MBERED COUNTY ROU MBERED TOWNSHIP	JTE (	CR - CIRCLE OV - OVAL CT - COURT PK - PARKWAY	TE - TERRACE TL - TRAIL WA - WAY	☐ WITHIN INTERCH		NUMBER of APPROACHES	
EDOM DECEDENCE	1 - Miles 2 - Feet	ROL	ΠE	ŀ	HE - HEIGHTS PL - PLACE			ROADWAY		
1 0	2 3 - Yards	FVENT		M	ANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
0 1 1-0N RO	ADWAY 9 - CROSSON OULDER 10 - DRIVEW	/ER AY / ALLEY		1 - NOT COLLISION BETWEEN	4 - REAR-TO-REAR 5 - BACKING		1 - NORTH	1 - DIVIDE	D FLUSH MEDIAN	
4 - ON ROA 5 - ON GOI 6 - OUTSIE	ADSIDE 11 - RAILWA' RE CROSSIN	Y GRADE NG	6	TWO MOTOR VEHICLES IN TRANSPORT	6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION		2 - SOUTH 3 - EAST	(<4 FEI 2 - DIVIDE (≥4 FEI	ET) ID FLUSH MEDIAN ET)	
TRAFFI 7 - ON RAI 8 - OFF RA	ICWAY OR TRA MP 13 - BIKE LAN AMP 14 - TOLL BO	ILS NE OOTH		2 - REAR-END 3 - HEAD-ON	8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		4 - WEST	4 - DIVIDE (ANY T		
	99 - OTHER /	UNKNOWN						9-OTHER	? / UNKNOWN	
☐ WORK ZONE RELATED	o ,	WORK ZO	NE TYPE	Τ	LOCATION OF CRASH IN WORK ZO  1 - BEFORE THE 1ST WORK ZO	NE NE	CONTOUR	CONDITIONS	SURFACE	
WORKERS PRESENT LAW ENFORCEMENT PRESENT	2	- LANE CLOSURE - LANE SHIFT/CROS - WORK ON SHOULD	SOVER DER		WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA	NE.	_ 1 _	_ 1	_ 2_	
	5	OR MEDIAN - INTERMITTENT OR - OTHER	MOVING WORK		4 - ACTIVITY AREA 5 - TERMINATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET 3 - SNOW	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,	
ACTIVE SCHOOL ZONI	HT CONDITION				WEATHER		3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER	4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL	ASPHALT  3 - BRICK/BLOCK  4 - SLAG, GRAVEL,	
1 - DAYLIGHT 2 - DAWN/DUSK	<		1 - CLEAR 2 - CLOUD	ΣΥ	6 - SNOW 7 - SEVERE CROSSWINDS		/UNKNOWN	6 - WATER (STANDING, MOVING) 7 - SLUSH	STONE 5 - DIRT 9 - OTHER	
3 - DARK - LIGH 4 - DARK - ROA 5 - DARK - UNK 9 - OTHER / UN	DWAY NOT LIGHTED NOWN ROADWAY LIGHTING	1_1	3 - FOG, S 4 - RAIN 5 - SLEET	SMOG, SMOKE , HAIL	8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN	/UNKNOWN	
o onen on										
NARRATIVE					<del></del>	<del></del>		<del>: : :                                </del>		
	IILE MAKING	A COMPI	LETE STO	OP AT TH	E				Indicate the north direction with an "N" on the	
INTERSECTI	ON OF RYBA	AVE. P	ROCEED	ED				1111111111111	compass diagram.	
THROUGH T	HE INTERSEC	TION A	ND FAILE	D TO YIE	LD					
FOR ONCOM	IING TRAFFIC	AND ST	RIKING I	JNIT #01				A		
TRAVELING:	SOUTHBOUN	D .ON .T.U	JRNEY RI	<b>D.</b>			· 1	KE N		
								RYBAK AVE	Scale	
						Fire	22	THITT	7.1.	
						TURNEY RD.	01			
								SROOKHILL DR.		
							I I	BROC		
							1			
CRASH REPORT		11112	DISPATCH DAT	E/TIME 5   2 2 4	ARRIVAL DATE/TIME		1	RED DATE/TIME 2 5   2 3 4 7	REPORT TAKEN BY POLICE AGENCY	
TOTAL TIME ROADWAY	OTHER INVESTIGATION	TOTAL	OFFICER'S		0   11112222023	CHECKED BY OF	FFICER'S NAME*	<u>- U                                     </u>	MOTORIST	
CLOSED		MINUTES	A. HI	-	R'S BADGE NUMBER*	R. Jarze	mbak  CHECKED BY OFFICER'S BADGE	NUMBER*	SUPPLEMENT (CORRECTION on ADDITION to an additional serviced part to copysi	
2 0	1 5	[0]		0   2	1		L   1   6			

	OH OF MAPET	HIO DEPARTMENT PUBLIC SAFETY UNIT						2,0,2,5,3	LOCAL REPORT NUMBER
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE  LEE MAQUI	<sup>E</sup> (□ Sar SHA SHONTA	me As Driver)	OWNER P	HONE: INCLUDE AREA CODE	( Same As Driver)		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	15702	2 EDGEWOC ARRIER: NAME, ADDRESS, CITY, STATE, ZIF		MAPLE		HTS OH  IAL CARRIER PHONE: INCLUDE A	44137 REA CODE	4	9 - UNKNOWN
					DAMAGED AREA(S)				
	LP STATE	LICENSE PLATE # KSE5254		FINE TO SERVICE STREET SERVICE STREET SERVICE STREET SERVICE SERVICE STREET SERVICE STREET SERVICE STREET SERVICE SERV	2.5.0.	VEHICLE YEAR	VEHICLE MAKE Chrysler	12	INDICATE ALL THAT APPLY
	_ INSU	URANCE INSURANCE COMPANY	(	INSURANCE POLICY#	12 0 0	VEHICLE COLOR	VEHICLE MODEL	,, ,,	, " " 12
	- VE	TYPE OF USE	<u> </u>	974646770 us dot #	TOWED	GRY BY: COMPANY NAME	Other/Unknow	10 2	<u> </u>
	☐ COMMERC	CIAL GOVERNMENT	IN EMERGENCY RESPONSE	VEHICLE WEIGHT GVWR/GCWR		ERSTATE TO		-	
	INTERLO DEVICE EQUIPPE	☐ HIT/SKIP UNIT	# OCCUPANTS  0 4	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS M MATERIAL RELEASED PLACARD	ATERIAL  CLASS# PLACARD ID#	8 7 6 5	12 7 6 5
	O 1	4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 5 - CARCO VAN BICYCLE 16 - EARM EQUIPMENT		13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIANISKATER 19 - BIUS (16 - PASSENGERS) 24 - WHEELCHARR (ANY TYPE) 20 - OTHER VEHICLE 25 - OTHER NON - MOTORIST 21 - HEAVY EQUIPMENT 26 - BICYCLE 22 - ANIMAL WITH RIDER OR 27 - TRAIN ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP		9	11 1 2 2 3 3 5 5 6 4 4	
VEHICLE		# OF TRAILING UNITS						11 12 1	5 11 12
	2	WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED? 1-YES 2-NO 9-OTHER/UNKNO	WN AUTONOMOUS MODE LEVEL		AUTO 4 - HIGH 5 - FULL	OMATION H AUTOMATION L AUTOMATION	- UNKNOWN	9 0 1 1 2 3 4 5 5	3 9 9 3 3 3 4 4 7 5 4
	0 1	NONE     TAXI     SHECTRONIC RIDE SHARING     SCHOOL TRANSPORT     BUS-TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19 - TO\	WING S DW REMOVAL	21 - MAIL CARRIER 19 - OTHER JUNKNOWN	7 6 5	12 12 12
	CARGO BODY		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VANIENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FL/ 11 - DU	TE	P-CONCRETE MIXER  - AUTO TRANSPORTER  I- GARBAGE/REFUSE  - OTHER / UNKNOWN	9	9 2 3 9 3 9 3 3
	VEHIOLE	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	9 - MOTOR TROUBLE 99 - 0 10 - DISABLED FROM PRIOR ACCIDENT		- OTHER / UNKNOWN		6 6 6
	NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI	VEWAY ACCESS IRED USE PATHS OR	2 - FIRST RESPONDER AT INCIDENT SCENE 9 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14]  - ALL AREAS [15]  JIT NOT AT SCENE [16]
		1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE		TEDING OD CDOSSING	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING	I	NITIAL POINT OF CONTACT
	ACTION	2 - NON-COLLISION		10 - PARKED  11 - SLOWING OR STOPPED IN TRAFFIC	15 - WAI JOG 16 - WO	CIFIED LOCATION LKING, RUNNING, GGING, PLAYING	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	1 1 1 1 0 - NO DAMAGE 1-12 - REFER T DIAGRAM 13 - TOP	
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM	17 - VISI	ION OBSTRUCTION 2	1 - 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	EQL		2 - NOT DISCERNABLE 3 - OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
	10111	4 - KAN STUP SIGN CHANGING 15 - SWERVING TO AVOID 15 - SWERVING TO AVOID 16 - IMPROPER PASSING 16 - WRONG WAY 11 - DROVE OFF ROAD 16 - WRONG WAY		FAL	LINC/CDILLINC	9 - OTHER IMPROPER ACTION	2 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 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 - INVOLVED - ACTIVE CROSSING
EVE		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	EVENTS  11 - CROSS CENTERLINE -	16 - RAIL	WAY VEHICLE 2	2 - WORK ZONE	2	3 - INVOLVED - PASSIVE CROSSING
	1 2 0	2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY	18 - ANIN	MAL - FARM MAL - DEER MAL - OTHER 2	MAINTENANCE EQUIPMENT 33 - STRUCK BY FALLING, SHIFTING CARGO OR	U	NIT / NON-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	TRA	TOR VEHICLE IN NSPORT KED MOTOR VEHICLE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST
	3			COLLISION WITH FIXED OBJECT	CT - STRUCK	2	4 - OTHER MOVABLE OBJECT	FROM 1 TO	2 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 - DITC	ж _	0 -WORKZONE MAINTENANCE EQUIPMENT 1 - WALL	UNIT SPEED	DETECTED SPEED
	5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	46 - FEN 47 - MAIL 48 - TREI	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2 - BUILDING 3 - TUNNEL 4 - OTHER FIXED OBJECT 9 - OTHER / UNKNOWN	3 5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR
	6							POSTED SPEED	3 - UNDETERMINED
	_ 1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT				3   5	
HS	Y8304 OH1U 1/19 [	[760-0820]							PAGE OF

	OH OF MPET	IO DEPARTMENT PUBLIC SAFETY TY - BENYICE - PROTECTION  UNIT						2,0,2,5,3	LOCAL REPORT NUMBER		
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE  BUTLER ALT	E (■ ΓHIA KERRYA	Same As Driver)	OWNER PI	HONE: INCLUDE AREA CODE	Same As Driver)		DAMAGE  DAMAGE SCALE		
ER		SS: STREET, CITY, STATE, ZIP	( Same A					1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE		
OWN	6444	BROOKHIL	L DR	GARFIEL		S OH 4		4 2- MINUR DAMAGE	9 - UNKNOWN		
	COMMERCIAL CA	RRIER: NAME, ADDRESS, CITY, STATE, ZIF	•	REA CODE		DAMAGED AREA(S)					
	LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION #					VEHICLE YEAR	VEHICLE MAKE		INDICATE ALL THAT APPLY		
	OH	LXS5727  INSURANCE COMPANY		$O_1C_1A_1Z_18_1P_1C_10_10_13_14$ INSURANCE POLICY#	1,3,5,	2 0 2 3	Lexus  VEHICLE MODEL	11 12	11 12		
		STATE FAI	RM	4003737-SFP-3		GRY	NX	10 11 2	2 10 11 1 2		
	☐ COMMERC	TYPE OF USE  CIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT#	1 '	BY: COMPANY NAME ERSTATE TO	WING	9 9 3	3 9 9 3 3		
	INTERLO		# OCCUPANTS  # OCCUPANTS  VEHICLE WEIGHT GWWRIGCWR  1 - <10K LBS.		HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS# PLACARD ID#		8 7 8	4 8 7 5 4			
		DEVICE HIT/SKIP UNIT		2 - 10,001 - 26K LBS. 3 - >26K LBS.		PLACARD	L L L L L L L	7 6	11 12 7 6 5		
		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELER 8 - MOTORCYCLE 3-WHEELER	D 13 - SNOWMOBILE		+ PASSENGERS) 24	- PEDESTRIAN/SKATER - WHEELCHAIR (ANY TYPE) - OTHER NON- MOTORIST	10/	11 1 2		
	0 1	3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE	14 - SINGLE UNIT TRUCK	21 - HEAVY 22 - ANIMAL	EQUIPMENT 26 WITH RIDER OR 27	- BICYCLE - TRAIN	9 (	9 3 3		
	UNIT TYPE	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL	-DRAWN VEHICLE 99	- UNKNOWN OR HIT/SKIP	8	7 5 4		
/EHICLE		# OF TRAILING UNITS						11 12 1	6 11 12 1		
ĺ		WAS VEHICLE ODEDATING IN AUTOM	IMOUS MODE	0 - NO AUTOMATION	3 - CONI	DITIONAL 9	- UNKNOWN	10 11 1	2 10 11 1		
	WHEN CRASH OCCURED?  1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION  AUTONOMOUS				AUTO 4 - HIGH	OMATION AUTOMATION		9 9 3	3 9 9 3		
		1-1ES 2-NO 3-OTHER/ONNNOWN MODELEVEL		11 - FIRE	5 - FULL AUTOMATION  16 - FARM  21 - MAIL CARRIER			8 7 6 7			
	0 1	0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 13 - POLICE 14 - PUBLIC LITERATY		12 - MILITARY	17 - MOWING 21 - MONIE CARNIER  18 - SNOW REMOVAL  19 - TOWING		7 6 5	7 6 5			
		SPECIAL 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT			20 - SAF	ETY SERVICE PATROL			12 12 12		
	.0.1.	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POL 9 - CAF	RGO TANK 13	- CONCRETE MIXER - AUTO TRANSPORTER	12 0. M	<b>★ ★ ■</b>		
		- BUS 4 - LOGGING 6 - CARGO VANIENCLOSED BOY 7 - GRAINICHIPSIGRAVEL		6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FLA 11 - DU		- GARBAGE/REFUSE - OTHER / UNKNOWN	, ,	9 🚅 3 9 🔀 3		
	1 1 1	1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES		7 - WORN OR SLICK TIRES		OR TROUBLE 99 ABLED FROM PRIOR	- OTHER / UNKNOWN	6			
	DEFECTS	TS 0- INC. BESTOOT BETESTIVE		DEFECTIVE	ACC	DENT			6 6 6		
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI\	/EWAY ACCESS	2 - FIRST RESPONDER AT INCIDENT SCENE 3 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14]  - ALL AREAS [15]		
	LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE-OTHER LOCATI		TRAILS		UNI	IT NOT AT SCENE [16]			
		1 - NON-CONTACT 2 - NON-COLLISION 0 1	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING		IN	IITIAL POINT OF CONTACT			
		3 - STRIKING 4 - STRUCK PRE-CRASH	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE 10 - PARKED	15 - WAL		20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE	0 1 0-NO DAMAGE			
	& STRUCK 6 - MAKING		5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	IN TRAFFIC			9 - OTHER / UNKNOWN	1-12 - REFER TO DIAGRAM 13 - TOP	O UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN		
		9 - OTHER / UNKNOWN						13-10-	TRAFFIA		
		1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO	13 - IMPROPER START FROM A PARKED POSITION			1 - LYING IN ROADWAY 2 - NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC TRAFFIC CONTROL		
		3 - RAN RED LIGHT 4 - RAN STOP SIGN	CLOSE/ACDA 9 - IMPROPER LANE CHANGING	14 - STOPPED OR PARKED ILLEGALLY	EQU 19 - LOA	IPMENT 23 D SHIFTING/	3 - OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN		
		5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY		LING/SPILLING 99 ROPER CROSSING	O - OTHER IMPROPER ACTION	2 - TWO-WAY	4 2 - SIGNAL 5 - YIELD SIGN 6 - NO CONTROL		
	CONTRIBUTING CIRCUMSTANCES		12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING  1 - NOT INVOLVED		
IT(S)	SEQUENCE OF	EVENTS						_	2 - INVOLVED - ACTIVE CROSSING		
EVEN			C EQUIDMENT FAR LINE	EVENTS  11 - CROSS CENTERLINE -	16 . DA#	WAY VEHICLE 22	2 - WORK ZONE	4	3 - INVOLVED - PASSIVE CROSSING		
	1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIN	IAL - FARM IAL - DEER	MAINTENANCE EQUIPMENT	UN	AIT / NON-MOTORIST DIRECTION		
		4 - JACKKNIFE 5 - CARGO / EQUIPMENT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOT	IAL - OTHER 23 OR VEHICLE IN NSPORT	3 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST		
		LOSS OR SHIFT	IV - UNUGG MEDIAN	15 - PEDALCYCLE		KED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE 4 - OTHER MOVABLE	500M 4	3 - EAST 7 - SOUTHEAST		
	3			COLLISION WITH FIXED OBJECT	- STRUCK		OBJECT	FROM 1 TO	2 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 - CUR 44 - DITC	н	-WORKZONE MAINTENANCE EQUIPMENT	UNIT SPEED	9 - OTHER / UNKNOWN  DETECTED SPEED		
		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EMB	ANKMENT 51 DE 53	- WALL - BUILDING - TUNNEL		DETECTED SPEED		
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	47 - MAIL 48 - TREE 49 - FIRE	BUX = 54	- OTHER FIXED OBJECT - OTHER / UNKNOWN	1   0	1 - STATED/ESTIMATED SPEED		
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER					POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED		
	б							LOSIEN SAFER			
	1 1 1	FIRST HARMFUL EVENT	1 1	MOST HARMFUL EVENT				3   5			
HS'	Y8304 OH1U 1/19 [								PAGE OF		

OHIO DEPARTMENT	MOTORIST / NO	N MOTODI	ет			AL REPORT NUMBER
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	WICTORIST / NC	JIN-IVIO I OKI	31		2 0 2 5 3 DATE OF BIRTH	0 2 8
M UNIT# NAME: LAST, FIRST	MIDDLE					
T 0 1 LEE  ADDRESS: STREET, CITY, STATE, ZIP		TEQUAN	JAMARRI	US	0   7   1   1   2   0	10 17 118 1 M
1	VOOD AVE	M	APLE HEIGHTS OI	J 44137	CONTACT PHONE - INCLUDE AREA CODE	
10102	S AGENCY (NAME)		CAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	SEATING POSITION DOT-COMPLIANT	AIR BAG USAGE EJECTION TRAPPED
5 1				0 4	MC HELMET 0 1	
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE	CHARGED LOI		·	CITATION 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 MARJUANA	STATUS	TYPE VALUE STA	ATUS TYPE RESULT SELECT UP TO 4
s 4 L MAME: LAST, FIRST		1	OTHER DRUG			
0 0 2		A 1 T 1 1 1 A	I/EDD\/AA	18.1	DATE OF BIRTH	AGE GENDER   GENDER
BUTL  ADDRESS: STREET, CITY, STATE, ZIP	<u>EK</u>	ALTHIA	KERRYAI	NN	CONTACT PHONE - INCLUDE AREA CODE	
s 6444 BROOM	HILL DR	G	ARFIELD HTS OI	H 44125		
I INJURIES INJURED EI TAKEN BY	IS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	SEATING POSITION DOT-COMPLIANT	AIR BAG USAGE EJECTION TRAPPED
O 4 1	NCC NUMBER	OFFENSE (	CHARGED LOC		MC HELMET 0 1	CITATION NUMBER
M O	NOE NUMBER	GITEROE	со			OTATION HOMBER
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)
R SELECT UP 102		BY 1	ALCOHOL MARIJUANA	1 status	TYPE VALUE STAT	
S 4 L NAME: LAST, FIRST	MIDDLE		OTHER DRUG		DATE OF BIRTH	AGE GENDER
O T						, , , , , , , , , , , , , , , , , , , ,
R ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE	
s T						
INJURIES INJURED TAKEN BY	IS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	SEATING POSITION DOT-COMPLIANT	AIR BAG USAGE EJECTION TRAPPED
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE (	CHARGED LOC	AL OFFENSE DESCRIPTION	MC HELMET	CITATION NUMBER
M O			со			
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST TYPE VALUE STA	DRUG TEST(S)  TUS TYPE RESULT SELECT UP TO 4
1 S	1 11 1 11 1	BY	ALCOHOL MARUUANA OTHER DRUG			NEODE SEEC OF 104
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTIO	N(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
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT	SIDE 4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER 5 - EXCEPT CLASS A BUS	DIALING)  3 - TALKING ON HANDS-FREE	SAMPLE / UNUSABLE  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)			7 - EXCEPT TRACTOR-TRA 8 - INTERMEDIATE LICENS	COMMUNICATION DEVICE	
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE			RESTRICTIONS 9 - LEARNER'S PERMIT	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	
2 - EMS 3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	OL ENDORSEMEN H - HAZMAT	RESTRICTIONS  10 - LIMITED TO DAYLIGHT	6 - PASSENGER 7 - OTHER DISTRACTION INSIDE	ALCOHOL TEST TYPE  1 - NONE
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PARTIALLY EJECTED	M - MOTORCYCLE	ONLY  11 - LIMITED TO EMPLOYN	THE VEHICLE	2 - BLOOD
	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED  4 - NOT APPLICABLE	P - PASSENGER N - TANKER	12 - LIMITED - OTHER	THE VEHICLE	3 - URINE 4 - BREATH
SAFETY EQUIPMENT  1 - NONE USED	12 - PASSENGER IN UNENCLOSED	T NOTAL ELONDEE	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICE: (SPECIAL BRAKES, HAND		5 - OTHER
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA  13 - TRAILING UNIT	TRAPPED  1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYC	ADAPTIVE DEVICES)		
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY	S - SCHOOL BUS  T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES C 15 - MOTOR VEHICLES		DRUG TEST TYPE 1 - NONE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	(NON-TRAILING UNIT)  15 - NON-MOTORIST	MECHANICAL MEANS 3 - FREED BY	X - TANKER / HAZMAT	WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR	CONDITION	2 - BLOOD
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS		17 - PROSTHETIC AID 18 - OTHER	1 - APPARENTLY NORMAL	3 - URINE 4 - OTHER
7 - BOOSTER SEAT 8 - HELMET USED					2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED,	
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			GENDER		ANGRY, DISTURBED)	DRUG TEST RESULT(S) 1 - AMPHETAMINES
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN			F - FEMALE		4 - ILLNESS 5 - FELL ASLEEP, FAINTED,	2 - BARBITURATES
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			M - MALE U - OTHER/UNKNOWN		FATIGUED, ETC.	3 - BENZODIAZEPINES 4 - CANNABINOIDS
					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	5 - COCAINE 6 - OPIATES / OPIOIDS
					TALOUTIOL	
					9 - OTHER / UNKNOWN	7 - OTHER  8 - NEGATIVE RESULTS
					9 - OTHER / UNKNOWN	8 - NEGATIVE RESULTS

HSY8306 OH1M 1/19 [760-1500] PAGE OF

01 1 05	BLIC SAFETY OCCUPANT / WIT	LOCAL REPORT NUMBER						
RAPETY - SE	ENVICE - PROTECTION	007			2   0   2   5   3	0   2   8		
UNIT#	NAME: LAST, FIRST, MIDDLE CLARK	JAMIERE	ELIJA	H'RUSON	DATE OF BIRT	тн 2 <sub> </sub> 0 <sub> </sub> 0 <sub> </sub> 6	AGE 1 9	GENDER
7	EET, CITY, STATE, ZIP	01170 011 4440	•		CONTACT PHONE - INCLUDE AREA CO	DDE	<u> </u>	
3 15316	LONGVALE AVE MAPLE HEI  Tinjured Tems agency (name)		TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	SEATING I	POSITION AIR BAG US	SAGE EJECTION	TRAPPED
4	TAKEN BY 1		,	USED 0 4	DOT-COMPLIANT MC HELMET  O	3 1	1_	_ 1
UNIT#	NAME: LAST, FIRST, MIDDLE  JOINER	CAYLA	MARIE	≣	DATE OF BIRT		AGE	GENDER
3	LIBBY RD MAPLE HEIGHTS	OU 44127			CONTACT PHONE - INCLUDE AREA CO	DE		
INJURIES	INJURED EMS AGENCY (NAME)		TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	SEATING I	POSITION AIR BAG US	SAGE EJECTION	TRAPPED
4	TAKEN BY 1			USED 0 4	DOT-COMPLIANT MC HELMET	41		1
UNIT#	NAME: LAST, FIRST, MIDDLE MORRIS	STARLET	AZIZA		DATE OF BIRT	гн 2 <sub> </sub> 0 <sub> </sub> 0 <sub> </sub> 4	AGE 2 1	GENDER
3	et, city, state, zip LONGVALE AVE MAPLE HTS	S OH 44137			CONTACT PHONE - INCLUDE AREA CO	DDE	1 1	
INJURIES 4	INJURED EMS AGENCY (NAME) TAKEN BY 1	INJURED TAKEN	TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0   4	DOT-COMPLIANT SEATING I	POSITION AIR BAG US	SAGE EJECTION	TRAPPED 1
UNIT#	NAME: LAST, FIRST, MIDDLE BUTLER DAMANI				DATE OF BIRT		AGE	GENDER
ADDRESS: STREE	BUTLER et, city, state, zip	0   5   1   6   2   0   1   3   1   2     M						
3	ROOKHILL DR GARFIELD H	ITS OH 44125						
INJURIES 5	INJURED EMS AGENCY (NAME) TAKEN BY	INJURED TAKEN	TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET 0	POSITION AIR BAG US	SAGE EJECTION	TRAPPED 1
1 - FATAL 2 - SUSPECTED SE		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCI 2 - FRONT - MIDDLE	EE DRIVERY	1 - NOT DEPLOYED 2 - DEPLOYED FRONT		
3 - SUSPECTED M 4 - POSSIBLE INJU 5 - NO APPARENT  1 - NOT TRANSPOTE TRANSPOTE AND ATTENDED ATTENDED 2 - EMS 3 - POLICE 9 - OTHER / UNKN  F - FEMALE M - MALE U - OTHER/UNKN	INJURED TAKEN BY  ORTED / SCENE  NOWN  GENDER	2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN 7 BIOYCULE ONLY 99 - OTHER / UNKNOWN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCY 5 - SECOND - RIGHT SIDE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCL 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENCLO (NON-TRAILING UNIT) SUPPOCAUS 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	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FROM 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOW	TRAPPED ANICAL MEANS	
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4 - POSSIBLE INJU 5 - NO APPARENT  1 - NOT TRANSPC TREATED AT \$ 2 - EMS 3 - POLICE 9 - OTHER / UNKS  F - FEMALE M - MALE U - OTHER/UNKN  NAME: LAST, FIRST, ADDRESS: STREET	INJURY  INJURED TAKEN BY  ORTED / SCENE  NOWN  GENDER  OWN  , MIDDLE  T, CITY, STATE, ZIP	3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM-FORWARD FACING 6 - CHILD RESTRAINT SYSTEM-REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		4 - SECOND - LEFT SIDE (MOTORCY 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCL 8 - THIRD - LIBDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENCLO (NON-TRALING UNIT) 812, PICK-UF 12 - PASSENGER IN UNENCLOSED 13 - TRALING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRALING UNIT) 15 - NON-MOTORIST  15 - NON-MOTORIST  15 - NON-MOTORIST  16 - SECOND - MIDDLE 16 - SECOND - S	CAB SED CARGO AREA WITH CAP) CARGO AREA  R  DATE OF BIRT  CONTACT PHONE - INCLUDE AREA	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FROM 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOW  1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE  1 - NOT TRAPPED 2 - EXTRICATED BY MECH 3 - FREED BY NON-MECHA	EJECTION  TRAPPED  ANICAL MEANS  AGE	
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4 - POSSIBLE INJU 5 - NO APPARENT  1 - NOT TRANSPO TREATED AT \$ 2 - EMS 3 - POLICE 9 - OTHER / UNKS  F - FEMALE M - MALE U - OTHER/UNKNO  NAME: LAST, FIRST, ADDRESS: STREET	INJURED TAKEN BY  ORTED / ORTED / SCENE  NOWN  GENDER  OWN  MIDDLE  T, CITY, STATE, ZIP  MIDDLE  T, CITY, STATE, ZIP	3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM-FORWARD FACING 6 - CHILD RESTRAINT SYSTEM-REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		4 - SECOND - LEFT SIDE (MOTORCY 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCL 8 - THIRD - LIBDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENCLO (NON-TRALING UNIT) 812, PICK-UF 12 - PASSENGER IN UNENCLOSED 13 - TRALING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRALING UNIT) 15 - NON-MOTORIST  15 - NON-MOTORIST  15 - NON-MOTORIST  16 - SECOND - MIDDLE 16 - SECOND - S	CAB SED CARGO AREA WITH CAP) CARGO AREA   DATE OF BIRT  CONTACT PHONE - INCLUDE AREA  CONTACT PHONE - INCLUDE AREA	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FROM 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOW  1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE  1 - NOT TRAPPED 2 - EXTRICATED BY MECH 3 - FREED BY NON-MECHA  TH A CODE	TRAPPED ANICAL MEANS  AGE AGE AGE	GENDER

OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER					
							0 2 8	1	1		
UNIT#	NAME: LAST, FIF	RST, MIDDLE	TIEN	N		DATE OF BIRTH AGE GENDER AGE GENDER M					
	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	_	SON PKWY HIGHLA	ND HILL	1	T			GE EJECTION	TRAPPED		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	POSITION AIR BAG USA	GE EJECTION	1		
UNIT#	NAME: LAST, FIF	RST, MIDDLE			•	DATE OF BIR		AGE	GENDER		
2	SMITH EET. CITY. STATE. ZIP		MIK	EL		CONTACT PHONE - INCLUDE AREA CO		1 0	<u> </u>		
<u> </u>	, , , , ,	SON PKWY HIGHLA	ND HILL	S OH 44122		CONTACT PHONE - INCLUDE AREA CO	JUE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	POSITION AIR BAG USA		TRAPPED		
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UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE OF BIR	.i <del>n</del>		I I		
ADDRESS: STRE	EET, 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 USA	GE EJECTION	TRAPPED		
INJURIES	TAKEN BY					DOT-COMPLIANT MC HELMET	POSITION AIR BAG USA	GE   ESESTION	INAFFED		
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	POSITION AIR BAG USA	GE EJECTION	TRAPPED		
		JURIES	1	SAFETY EQUIPMENT USED		MC HELMET		BAG USAGE			
1 - FATAL 2 - SUSPECTED S 3 - SUSPECTED 1 4 - POSSIBLE INJ 5 - NO APPAREN 1 - NOT TRANSS TREATED AT 2 - EMS 3 - POLICE 9 - OTHER / UNIV	MINOR INJURY T INJURY  INJURY  INJURE  SCENE	D TAKEN BY	3 - LAP BELT OF 4 - SHOULDER 5 - CHILD REST FORWARD FA	CUPANT SELT ONLY USED SILT ONLY USED SILT ONLY USED SILT ONLY USED RAINT SYSTEM- COMB ANNIT SYSTEM- G B B B B B B B B B B B B B B B B B B	1 - FRONT - LEFT SIDE (MOTORCYC 2- FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCY 5- SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYC) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENDLE (MONTRALING UNIT, BUS, PICK-U 12 - PASSENGER IN UNENCLOSED 13 - TRALLING UNIT) 14 - RIDING ON VEHICLE EXTERIO (MONTRALLING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	/CLE PASSENGER)  LE SIDE CAR)  CAB  SED CARGO AREA P WITH CAP)  CARGO AREA	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	JECTION			
F - FEMALE M - MALE U - OTHER/UNKN		ENDER					1 - NOT TRAPPED 2 - EXTRICATED BY MECHAI 3 - FREED BY NON-MECHAN				
NAME: LAST, FIRST	T, MIDDLE					DATE OF BIR	тн	AGE	GENDER		
ADDRESS: STREET	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE ARE	A CODE				
NAME: LAST, FIRST	NAME: LAST, FIRST, MIDDLE										
IVAINE. LAST, FIXOT, MILIULE						DATE OF BIR	тн	AGE	GENDER		
								AGE	GENDER		
ADDRESS: STREE						DATE OF BIR  CONTACT PHONE - INCLUDE ARE		AGE	GENDER		
ADDRESS: STREE	ET, CITY, STATE, ZIP						A CODE	AGE AGE	GENDER		
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HSY 8355 0H1P 1/19 [760-1500] PAGE OF