OHO DEPARTMENT TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER *					
DHOTOS TAKEN												
SECONDARY CRASH	OTHER RE	PORTING AGENCY	NAME *		0 1 1	HIT/SKIP 1 - Solved	NIIMRED OF LINITS	0 1 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALIT			D HEIGHT	rs	0 1	2 - Unsolved  CRASH DA		CRASH SEVERITY				
	LOCATION: CITY, VILLAGE, TOWNSHIP*    1   8     1   1   3 - TOWNSHIP*    GARFIELD HTS								   <u>  1  1  2  7  2  0  2  5    1  6  4  9 </u>			
ROUTE TYPE	ROUTE NUMBER		1 - NORTH	LOCATION ROAD	NAME	I	ROAD TYPE	I ATITUDE DECIMA	2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY			
LOCATION			2 - SOUTH 3 - EAST 4 - WEST	CHESTE	TER  ROAD NAME (ROAD, MILEPOST, HOUSE #)  ROAD TYPE			4   1   4   1	SUSPECTED 4 - INJURY POSSIBLE			
ROUTE TYPE	ROUTE NUMBER		1 - NORTH 2 - SOUTH	REFERENCE R				LONGITUDE DECIMAL	DEGREES	5 - PROPERTY DAMAGE ONLY		
REFEREN			3 - EAST 4 - WEST	TURNEY			$R_{\downarrow}D_{\downarrow}$	8 1 1 6 0	1 1 2 2			
REFERENCE POINT 1 - INTERSECTION	DIRECTION		ROLLTE TYPE			AN TYPE		WITHIN INTERSE	INTERSECTION RELATE	0		
2 - MILE POST 3 - HOUSE #	3 2-SOUTH	US - FEDERAL SR - STATE R		AV - BL -	AVENUE LA - BOULEVARD MP	- LANE S - MILEPOST S	RD - ROAD SQ - SQUARE ST - STREET		3			
DISTANCE	DISTANCE	CR - NUMBER	ED COUNTY ROUT ED TOWNSHIP	TE CT -	COURT PK - DRIVE PI -	- PARKWAY 1	E - TERRACE L - TRAIL VA - WAY	☐ WITHIN INTERCH.	NUMBER OF APPROACHES			
1   0	2   3 - Yards	ROUTE		ne ·	· NEIGNIS PL·	PLACE						
	CATION OF EIDST HADMEIN	EVENT	ı	MAN	NER OF CRASH COLLISI	ON/IMPACT		ROADWAY DIVIDI	MEDIAN TYPE			
0 1 1-0N ROAL 2-0N SHOU 3-IN MEDIA	DWAY 9 - CROSSOVE ULDER 10 - DRIVEWA	R		1 - NOT COLLISION BETWEEN	4 - REAR-TO-F 5 - BACKING			2 1 - NORTH	4 1 - DIVID	ED FLUSH MEDIAN		
4 - ON ROAI 5 - ON GOR 6 - OUTSIDE	DSIDE 11 - RAILWAY E CROSSING	3		TWO MOTOR VEHICLES IN TRANSPORT	6 - ANGLE 7 - SIDESWIPE	, SAME DIRECTION		3 2-SOUTH 3-EAST	(≥4 F	ED FLUSH MEDIAN EET)		
TRAFFIC 7 - ON RAM 8 - OFF RAM	WAY OR TRAIL P 13 - BIKE LANE	S E		2 - REAR-END 3 - HEAD-ON	8 - SIDESWIPE 9 - OTHER / UN	, opposite direction NKNOWN		4 - WEST	4 - DIVIE (ANY	ED, DEPRESSED MEDIAN ED, RAISED MEDIAN TYPE)		
	99 - OTHER / L	INKNOWN							9 - OTHE	r / Unknown		
E WORK TONE DELATED		WORK ZONE T	YPE		LOCATION OF	CRASH IN WORK ZON	E	CONTOUR	CONDITIONS	SURFACE		
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT	2-	LANE CLOSURE LANE SHIFT/CROSSOVI WORK ON SHOULDER			1 - BEFORI WARNIN 2 - ADVANI	E THE 1ST WORK ZON NG SIGN CE WARNING AREA	E	1 1	3 1	1 1		
PRESENT		OR MEDIAN INTERMITTENT OR MOV	ING WORK		3 - TRANSI 4 - ACTIVIT 5 - TERMIN			1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
☐ ACTIVE SCHOOL ZONE	5 - OTHER						2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT,	2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK			
LIGHT 1 - DAYLIGHT	CONDITION		1 - CLEAR	V	VEATHER 6 - SNOW			9 - OTHER /UNKNOWN	OIL, GRAVEL 6 - WATER (STANDING, MOVING)	4 - SLAG, GRAVEL, STONE 5 - DIRT		
2 - DAWNDUSK 2 - CLOUDY 7 - SEVER C ROSSWINDS 3 - FOR, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - DARK - ROADWAY NOT LIGHTED 16   1   4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE								7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER /UNKNOWN			
5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN												
NARRATIVE							: :			Indicate the north		
UNIT 1 TRAVE	ELED E/B ON	CHESTER	RD. CO	OMING TO					<u> </u>	direction with an "N" on the compass diagram.		
THE STOP SI	GN AT CHEST	ER AND 1	URNEY	, DUE TO					· · · · · ·			
WEATHER AN	ID ROAD CON	NDITIONS,	THE U	NIT COUL	D							
NOT COME T	O.A.STOP ANI	D.ENDED	UP STR	RIKINGA			1 1	1		, , , , , , , , , , , , , , , , , , ,		
STOP SIGN TO AVOID ENTERING TURNEY RD AND ANY							Not To Scale					
FURTHER CC	LLISIONS						i i i					
						TURNEY	1 1	CHEST	ER RD			
							1 1					
								1				
CRASH REPORTE	D DATE/TIME		DISPATCH DATE	/TIME		ARRIVAL DATE/TIME		SCENE CLEAR	RED DATE/TIME	REPORT TAKEN BY		
11127202		,	7 2 0 2 5   1 6 5 0   1 1 2 7 2 0 2 5   1					11127202	POLICE AGENCY  MOTORIST			
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	C. Ca	NAME * Irrington			R. Dodge	FICER'S NAME*	SUPPLEMENT			
0	1 0	<sub>2</sub> 2 <sub>1</sub> 2 <sub>1</sub>	0FFICER'S BADGE NUMBER*    0   5   8					CHECKED BY OFFICER'S BADGE	(CORRECTION on ADDITION  10 on Excellent Remort sent 10 corre			

	OHI OF I	O DEPARTMENT PUBLIC SAFETY UNIT						2,0,2,5,3	LOCAL REPORT NUMBER		
UNIT # OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver)  OWNER PHONE: INCLUDE AREA CODE ( Same As Driver)  ERVIN RAYMEIRA PRESIOUS							DAMAGE DAMAGE SCALE				
		SS: STREET, CITY, STATE, ZIP	( 🖪 Same As D	river)				1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE		
	5 5636 ANDOVER BLVD GARFIELD HTS OH 44125  COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE								9 - UNKNOWN		
COMIN	MERCIAL CAP	RRIER: NAME, ADDRESS, CIIT, STATE, ZIP			DAMAGED AREA(S)						
LICENSE PLATE						VEHICLE YEAR	VEHICLE MAKE	INDICATE ALL THAT APPLY			
	D <sub>H</sub>	KRL3630		INSURANCE POLICY#	0 0 0	VEHICLE COLOR	Nissan  VEHICLE MODEL	11 12 1	11 12 1		
		RIFIED			Tower	BLK	Rogue	10 11 2	2 10 11 1		
TYPE OF USE  COMMERCIAL GOVERNMENT		IN EMERGENCY RESPONSE US DOT #		IOWED	BY: COMPANY NAME		9 8 3	3 9 9 3 3			
INTERLOCK  DEVICE HIT/SKIP UNIT EQUIPPED		#OCCUPANTS	VEHICLE WEIGHT GWWR/GCWR  1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 ->26K LBS.		HAZARDOUS MATERIAL RELEASED PLACARD	MATERIAL CLASS# PLACARD ID#	8 7 6 5	4 8 7 5 5 4 11 12 1 5 5			
			7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART			23 - PEDESTRIAN/SKATER	10 /	11 12 2		
_0	)   3	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR	20 - OTHER 21 - HEAVY	VEHICLE EQUIPMENT	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE	9 (	9 3 3		
UN	NIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME			27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	8			
/EHICLE			(ATV / UTV)					11 12	7 6 5 11 12 1		
VĒ.		# OF TRAILING UNITS						10 12	2 10 11 1		
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	0	0 - NO AUTOMATION  1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	AUTO	DITIONAL DMATION AUTOMATION	9 - UNKNOWN	9 10 2 3	3 9 9 3		
		1 - YES 2 - NO 9 - OTHER / UNKNOW	MODE LEVEL		5 - FULL	AUTOMATION		8 7 5	8 7 5 7		
, C	1,1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE	11 - FIRE 12 - MILITARY 13 - POLICE		WING DW REMOVAL	21 - MAIL CARRIER 99 - OTHER /UNKNOWN	7 6 5	7 6 5		
	4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY		14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19 - TO\ 20 - SAF	MING ETY SERVICE PATROL			12 12 12			
	O 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE   3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE   5 - INTERMODAL CONTAINER CHASSIS   6 - CARGO VAWIENCLOSED BOX   7 - GRAINCHIPS:GRAVEL   1 - TURN SIGNALS   4 - BRAKES   7 - WORN OR SLICK TIRES			8 - POLE 12 - CONCRETE MIXER 9 - CARGO TANK 13 - AUTO TRANSPORTER		12 <b>0</b>					
				6 - CARGO VAN/ENCLOSED BOX 1		9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER / UNKNOWN		, ,	9 😅 3 9 🗱 3		
			7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 10 - DISABLED FROM PRIOR			6				
	2 - HEAD LAMPS   5 - STEERING   8 - TRAILER EQUIPMENT		DEFECTIVE	ACC	ABLED FROM PRIOR IDENT IAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE (5)	6 6 6			
NON	MARKED 4 - MIDBLOCK - MARKED 7 - SHOULDERROADSIDE CROSSWALK CROSSWALK 8 - SIDEWALK 8 - SIDEWALK		7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS AT INCIDENT SCENE 11 - SHARED USE PATHS OR TRAILS			- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14]  - ALL AREAS [15]			
	ATTON AT UNMARKED 5 - TRAVEL LANE-OTHER LOCATION  MPACT CROSSWALK			13 - NEGOTIATING A CURVE 18 - APPROACHING			_	IT NOT AT SCENE [16]			
	2	2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE			14 - ENTERING OR CROSSING OR LEAVING VEHICLE  19 - STANDING  OR LEAVING VEHICLE  19 - STANDING			IN	IITIAL POINT OF CONTACT		
Δ(		3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASH ACTION	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, JOGGING, PLAYING		20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE	0 1 0- NO DAMAGE	14 - UNDERCARRIAGE UNIT 15 - VEHICLE NOT AT SCENE		
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WORKING 17 - PUSHING VEHICLE		99 - OTHER / UNKNOWN	DIAGRAM 13 - TOP	99 - UNKNOWN		
									TRAFFIC		
	2	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  1 - ROUNDABOUT 4 - STOP SIGN		
	4	3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED	CLOSE/ACDA 9 - IMPROPER LANE CHANGING	14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID	EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING		23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN  2 - SIGNAL 5 - YIELD SIGN		
H .		6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMP	ROPER CROSSING	ACTION		3 - FLASHER 6 - NO CONTROL		
	UMSTANCES							# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING  1 - NOT INVOLVED		
SEQ!	UENCE OF I	EVENTS						2	2 - INVOLVED - ACTIVE CROSSING		
ú	~ -	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -		WAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED - PASSIVE CROSSING		
1 3	3	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	EQUIPMENT 23 - STRUCK BY FALLING,	UN	IIT / NON-MOTORIST DIRECTION		
2		5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST		
				15 - PEDALCYCLE	21 - PAR	KED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVABLE OBJECT	FROM   4   TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
3				COLLISION WITH FIXED OBJECT		-			4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN		
4		/ CRASH CUSHION	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	50 -WORKZONE MAINTENANCE EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED		
	2	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR	46 - FEN	CE BOX	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	.1 0	1 4 014150/501/44750 00550		
5	2	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	SUPPORT 42 - CULVERT	48 - TREI 49 - FIRE		54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	1,0,	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR		
6 <sub>1</sub>	1 1		A COMPANY OF THE PARTY OF THE P					POSTED SPEED	3 - UNDETERMINED		
								2 5			
HSY8304 C	1 0H1U 1/19 I7	FIRST HARMFUL EVENT	1	OST HARMFUL EVENT				2   5	PAGE OF		

OHIO DEPARTMENT OF PUBLIC SAFETY	MOTORIST / NO	N-M∩T∩RI	ет							REPORT NUMBER			
			<u> </u>					0 2 5	_ 3 _	0   6   8			
UNIT# NAME: LAST, FIRST, MIDDLE    0   1   ERVIN RAYMEIRA PRESIOUS							DATE OF BIRTH AGE GENDER    0   6   0   8   2   0   0   6   1   9   F						
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
0000	/ER BLVD	ARFIELD HTS	OH 4										
N BY	MS AGENCY (NAME)	CAL FACILITY (NAME, CITY)	USED USED	10 14		DOT-COMPLIAN MC HELMET		1 I	AIR BAG USAGE	AG USAGE EJECTION TRAPPED			
o 5 1 operator lice	ENSE NUMBER	OFFENSE	CHARGED	LOCAL O	FFENSE DESCRIPTION	1	MO TIELMET			CITATION NUMBER	<u>'l-'</u>	<u> </u>	
M O				CODE									
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPEC		CONDITION	STATUS	ALCOHO TYPE	OL TEST VALUE	STATU		UG TEST(S) RESU	LT SELECT UP TO 4	
s 4			ALCOHOL M	ARIJUANA	1	_1_	_1_	• 🗀 📗	1	1			
M UNIT# NAME: LAST, FIRS	T, MIDDLE							DATE OF BI	RTH		AGE	GENDER	
0													
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT F	PHONE - INCLUDE AREA CODE					
S T INJURIES INJURED E TAKEN	MS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQUIF	PMENT	-		SEATING POS	ITION	AIR BAG USAGE	EJECTION	TRAPPED	
N				USED	1 1		DOT-COMPLIANT MC HELMET			I	1.	<u>.l.</u>	
OL STATE OPERATOR LICI	ENSE NUMBER	OFFENSE (	CHARGED	LOCAL OF	FENSE DESCRIPTION	N .				CITATION NUMBER	1	-1	
0 T				0002									
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT	TED ARUUANA	CONDITION	STATUS	ALCOHO TYPE	LTEST VALUE	STATUS		UG TEST(S) RESUL	T SELECT UP TO 4	
s L L L L L			OTHER DRUG	L		$\Box$		<b>-</b>			J ∟∟		
M UNIT # NAME: LAST, FIRS	T, MIDDLE			•	•			DATE OF BI	RTH		AGE	GENDER	
0							Ш		1 1	L			
R ADDRESS: STREET, CITY, STATE, ZIP S							CONTACT F	PHONE - INCLUDE AREA CODE					
T	MS AGENCY (NAME)	INJURED TAKEN TO: MEDIO	CAL FACILITY (NAME, CITY)	SAFETY EQUIP	MENT	$\Box$		SEATING POS	ITION	AIR BAG USAGE	EJECTION	TRAPPED	
N BY				USED			DOT-COMPLIANT MC HELMET	'					
- OL STATE OPERATOR LICE	ENSE NUMBER	OFFENSE (	CHARGED	LOCAL O	FFENSE DESCRIPTION	ON				CITATION NUMBER	1		
O OLCLASS ENDORSEMENT													
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT	ARUUANA	CONDITION	STATUS	ALCOHO TYPE	VALUE	STATU		UG TEST(S) RESUI	LT SELECT UP TO 4	
S L L L			OTHER DRUG	L		ш		•					
INJURIES  1 - FATAL	SEATING POSITION  1 - FRONT - LEFT SIDE	AIR BAG 1 - NOT DEPLOYED	1 - CLASS A	LASS	0L R 1 - ALCOHOL IN	ESTRICTION( TERLOCK	(S)	DRIVER DIS 1 - NOT DISTRACTED	TRACTION	1 - NONE	TEST ST GIVEN	ATUS	
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRAS	TATE ONLY		2 - MANUALLY OPERATIN ELECTRONIC COMMU		2 - TEST	REFUSED		
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE	3 - CLASS C			3 - CORRECTIVE LENSES 4 - FARM WAIVER		DEVICE (TEXTING, TYPING,			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER)  5 - SECOND - MIDDLE	4 - DEPLOYED BOTH FRONT / 5 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO = D) 4 - FARM WAIVER 5 - M / C MOPED ONLY 5 - EXCEPT CLASS A 6 - EXCEPT CLASS A				DIALING) 3 - TALKING ON HANDS-F			4 - TEST GIVEN, RESULTS KNOWN		
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B B	US		COMMUNICATION DE 4 - TALKING ON HAND-HI		5 - TEST	GIVEN, RESULTS	SUNKNOWN	
INJURED TAKEN BY  1 - NOT TRANSPORTED	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)				7 - EXCEPT TRA 8 - INTERMEDIA	TE LICENSE	EK	COMMUNICATION DE					
/TREATED AT SCENE 2 - EMS	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	EJECTION	PRSEMENT	RESTRICTIONS  9 - LEARNER'S PERMIT RESTRICTIONS			ELECTRONIC DEVICE 6 - PASSENGER			ALCOHOL TEST TYPE			
- POLICE 10 - SLEEPER SECTION OF TRUCK CAB		1 - NOT EJECTED	H - HAZMAT	H - HAZMAT 10 - LIMITED TO DAYLIG			7 - OTHER DISTRACTION INSIDE THE VEHICLE				1 - NONE 2 - BLOOD		
- OTHER / UNKNOWN 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		2 - PARTIALLY EJECTED  3 - TOTALLY EJECTED	P - PASSENGER	P - PASSENGER 11 - LIMITED TO EI			NT	8 - OTHER DISTRACTION					
SAFETY EQUIPMENT	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER		12 - LIMITED - O 13 - MECHANIC	AL DEVICES		THE VEHICLE 9 - OTHER / UNKNOWN		4 - BRE/			
1 - NONE USED 2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER  R - THREE-WHEEL MO		(SPECIAL BR CONTROLS,	OR OTHER				5 - OTHI	≣R		
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	S - SCHOOL BUS	TOROTOLL	ADAPTIVE DE 14 - MILITARY V		LY				DRUG TES	ST TYPE	
- SHOULDER & LAP BELT USED 14 - RIDING ON VEHICLE - CHILD RESTRAINT SYSTEM - EXTERIOR (NON-TRAILLING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS WITHO			5 - MOTOR VEHICLES WITHOUT AIR BRAKES				1 - NONE 2 - BLOOD		
FORWARD FACING 6 - CHILD RESTRAINT SYSTEM -	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT		16 - OUTSIDE M 17 - PROSTHET			COND 1 - APPARENTLY NORMA		3 - URINI			
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN				18 - OTHER			2 - PHYSICAL IMPAIRME		4 - OTHE	R		
8 - HELMET USED 9 - PROTECTIVE PADS USED								3 - EMOTIONAL (E.G. DEF ANGRY, DISTURBED)	PRESSED,		DRUGETO	DEGIII T/e)	
(ELBOWS, KNEES, ETC.)  10 - REFLECTIVE CLOTHING			F - FEMALE	IDER				4 - ILLNESS			DRUG TEST I	RESULT(S)	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE					5 - FELL ASLEEP, FAINTI FATIGUED, ETC.	ED,		ODIAZEPINES		
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN					6 - UNDER THE INFLUEN		4 - CANN 5 - COC	NABINOIDS AINE		
								MEDICATIONS / DRUG / ALCOHOL	5	6 - OPIA	TES / OPIOIDS		
								9 - OTHER / UNKNOWN		7 - OTHE 8 - NEG/	R ATIVE RESULTS		

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OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER					
w) =			2   0   2   5   3   0   6   8								
unit#	NAME: LAST, FII		DATE OF BIRT	2   0   0   5	AGE 2 0	GENDER					
ADDRESS: STRE	ET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
ADDRESS: STRE	V 49TH S	T CLEVELAND OH	44144								
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT SEATING I	POSITION AIR BAG USAG	E EJECTION	TRAPPED 1		
UNIT#	NAME: LAST, FII	RST, MIDDLE	DATE OF BIRT	Н	AGE	GENDER					
4000500			CONTACT PHONE - INCLUDE AREA CO	nr.		1					
ADDRESS: STRE	ET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CO	DE		1					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	DOT-COMPLIANT MC HELMET	POSITION AIR BAG USAG	E EJECTION	TRAPPED			
UNIT#	NAME: LAST, FII	RST, MIDDLE				DATE OF BIRT		AGE	GENDER		
									]		
ADDRESS: STRE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	SEATING I	POSITION AIR BAG USAG	E EJECTION	TRAPPED		
	TAKEN BY				USED	DOT-COMPLIANT MC HELMET					
UNIT#	NAME: LAST, FII	RST, MIDDLE				DATE OF BIRT	TH .	AGE	GENDER		
4000500				CONTACT PHONE - INCLUDE AREA CO	<u>          </u>		1				
ADDRESS: STRE	ET, CITY, STATE, ZIP					CONTACT FROME - INCLUDE AREA CO	DE	1 1	1		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	POSITION AIR BAG USAG	E EJECTION	TRAPPED		
						MC HELMET					
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  GENDER  F - FEMALE M - MALE U - OTHER/UNKNOWN			3 - LAP BELT OF 4 - SHOULDER 5 - CHILD REST FORWARD FA	BELT ONLY USED  NLY USED  LAP BELT USED  RAINT SYSTEM -  CONS  RAINT SYSTEM -  G  EAT  ED  EPADS USED  HEES, ETC.)  F CLOTHING  PEDESTRIAN  NLY	2 - FRONT - NIDDLE 3 - SECOND - LEFT SIDE (MOTORC' 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - RIGHT SIDE 8 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - FASSENGER IN OTHER ENCLY (NON-TRAILING UNIT) US, PICK-U 12 - PASSENGER IN UNENCLOSED 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIO (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	LE SIDE CAR)  ( CAB  SISED CARGO AREA  IP WITH CAP)  CARGO AREA	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE  TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				
NAME: LAST, FIRST	r, MIDDLE					DATE OF BIRT	<b>H</b>	AGE	GENDER		
ADDRESS: STREET	T, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	A CODE				
NAME: LAST, FIRST	, MIDDLE					DATE OF BIRT	н	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
	T, CITY, STATE, ZIP					<u> </u>		1 1			
NAME: LAST, FIRST,						DATE OF BIRT	H	AGE	GENDER		
NAME: LAST, FIRST, ADDRESS: STREET	, MIDDLE					DATE OF BIRT	 	AGE	GENDER		

HSY 8355 0HIP 1/19 [760-1500]