OHIO DEPARTMENT POPUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION									[2 0 2 5 3 0 8 4						
SECONDARY CRASH	OTHER REP	8 2 0	HIT/SKIP 1 - Solved	NIIMRED OF LIMITS	0 2 98 - ANIMAL 99 - UNKNOWN										
COUNTY* LOCALIT	ARFIELD H	EIGHTS	<u> </u>	0 1	0 2 0	2 - Unsolved CRASH DA		CRASH SEVERITY							
1 1 8 1 1	1 - CITY * 2 - VILLAGE *	LOCATION: CITY, VILLAGE, GARFIELD				<u> </u>	4 1- FATAL								
ROUTE TYPE	ROUTE NUMBER		1 - NORTH LO	CATION ROAD NAM	1E	ı	ROAD TYPE	I ATITUDE DECIMA	2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY						
OCATION	1 1 1 1 1		2 - SOUTH 3 - EAST 4 - WEST TU	RNEY			$_{I}R_{I}D_{I}$	 	SUSPECTED 4 - INJURY POSSIBLE						
ROUTE TYPE	ROUTE NUMBER		1 - NORTH	REFERENCE ROAD	NAME (ROAD, MILEPOST,	HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL	5 - PROPERTY DAMAGE ONLY						
REFERENCE	1 1 1 1 1		2 - SOUTH 3 - FAST	KPARK		,	$D_{\parallel}R_{\parallel}$	- 8 1 _• 6 0	1 4 9 3						
REFERENCE POINT			ROUTE TYPE		RU	AN TYPE			INTERSECTION RELATED	1					
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH	IR - INTERSTA US - FEDERAL	TE ROUTE (TP) .US ROUTE	AL - ALLI	NUE LA-	LANE S	RD - ROAD GQ - SQUARE	■ WITHIN INTERSE	CTION OR ON APPROACH	, 5 ,					
	3 - EAST 4 - WEST		ED COUNTY ROUTE	CR - CIR CT - COL	CLE OV URT PK	- OVAL 1 - PARKWAY 1	T - STREET E - TERRACE L - TRAIL	☐ WITHIN INTERCH	ANGE AREA	NUMBER OF APPROACHES					
DISTANCE EDOM DECEDEMOE	DISTANCE INIT OF MEASURE 1 - Miles	TR - NUMBERE ROUTE	ED TOWNSHIP	DR - DRI HE - HEI		PIKE \ PLACE	VA - WAY		ROADWAY						
5	2 - Feet 3 - Yards							☐ ROADWAY DIVID	ED						
0 1 1-0N ROAD		R	1 - NOT C		or CRASH COLLISI			DIRECTION OF TRAVEL		MEDIAN TYPE					
2 - ON SHOU 3 - IN MEDIA 4 - ON ROAD	IN ACCESS DSIDE 11 - RAILWAY (GRADE	16 I BETWE	EN IOTOR	5 - BACKING 6 - ANGLE	EAR		1 - NORTH 2 - SOUTH	(<4 FE	ED FLUSH MEDIAN ET)					
5 - ON GORE 6 - OUTSIDE TRAFFICI	12 - SHARED U	JSE PATHS	VEHICL TRANS 2 - REAR-I	PORT	8 - SIDESWIPE	, SAME DIRECTION , OPPOSITE DIRECTION		3 - EAST 4 - WEST	NED FLUSH MEDIAN EET) NED, DEPRESSED MEDIAN						
7 - ON RAMF 8 - OFF RAM		TH	3 - HEAD-0	ON	9 - OTHER / U	NKNOWN			(ANY	ED, RAISED MEDIAN IYPE) R/UNKNOWN					
☐ WORK ZONE RELATED	1	WORK ZONE TO	/PE		LOCATION OF	CRASH IN WORK ZON E THE 1ST WORK ZON	E	CONTOUR	CONDITIONS	SURFACE					
WORKERS PRESENT LAW ENFORCEMENT Depresent	2 -	LANE SHIFT/CROSSOVE WORK ON SHOULDER	R		WARNIN	IG SIGN CE WARNING AREA	-	_ 1_	2	_ 2 _					
☐ PRESENT		OR MEDIAN INTERMITTENT OR MOVI OTHER	NG WORK		4 - ACTIVIT			1 - STRAIGHT LEVEL 2 - STRAIGHT	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,					
ACTIVE SCHOOL ZONE		OTHER						GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT,	BITUMINOUS, ASPHALT 3 - BRICK/BLOCK					
1 - DAYLIGHT	CONDITION		1 - CLEAR	WEAT	6 - SNOW			9 - OTHER /UNKNOWN	OIL, GRAVEL 6 - WATER (STANDING, MOVING)	4 - SLAG, GRAVEL, STONE 5 - DIRT					
	WAY NOT LIGHTED	6,	2 - CLOUDY 3 - FOG, SMOG, SMC 4 - RAIN	OKE	7 - SEVERE CROSSW 8 - BLOWING SAND, S 9 - FREEZING RAIN or	SOIL, DIRT, SNOW			7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER /UNKNOWN					
5 - DARK - UNKNO 9 - OTHER / UNKN	OWN ROADWAY LIGHTING NOWN		5 - SLEET, HAIL		99 - OTHER / UNKNO	WN									
NARRATI\/F										Indicate the north					
DRIVER OF U	NIT 2 FAILED	TO YIELD	DURING A	LEFT						direction with an "N" on the					
TURN ONTO	OAKPARK DR	FROM TU	JRNEY RD A	AND			: :	i i i	Not To S	compass diagram.					
WAS STRUCK	(BY UNIT 1. (OCCUPAN	ITS OF UNI	T 1			1 1	1 1 1							
WERE CONVI							1 1								
INJURIES		.,, ., 9 ,13,		·			j	TURN	EY RD						
INJURIES						•									
							1								
							1	CAUT:							
							1.								
							1	TINU							
									OAKPARK	DR					
										a a a					
								1 1 1							
CRASH REPORTED		14141010	DISPATCH DATE/TIME			ARRIVAL DATE/TIME	1010.4.0	1	RED DATE/TIME	REPORT TAKEN BY POLICE AGENCY					
1 1 1 2 8 2 0 2 TOTAL TIME ROADWAY	5 2 3 0 4	1111218 TOTAL	2 0 2 5 2 OFFICER'S NAME *	3 0 5	[1]1[2]8]	2 0 2 5		11128202 FICER'S NAME*	2 5 2 3 5 8	MOTORIST					
CLOSED	TIME	MINUTES	J. Huskey				D. Simia			SUPPLEMENT (CORRECTION ADDITION					
_0	3 0	8 3		OFFICER'S BADGE NUMBER*				CHECKED BY OFFICER'S BADGE NUMBER* S 2 3							

	OHI OF SAFET	IO DEPARTMENT PUBLIC SAFETY TY - BERVICE - PROTECTION UNIT						2,0,2,5,3	LOCAL REPORT NUMBER			
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE SYNAPSIQ I	(Li San	ne As Driver)	OWNER PH	HONE: INCLUDE AREA CODE	Same As Driver)		DAMAGE DAMAGE SCALE			
NER		SS: STREET, CITY, STATE, ZIP	(Same As D					1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE			
WO .	20755	WILLIAMSF RRIER: NAME, ADDRESS, CITY, STATE, ZIP	PORT PC 330	ASHBURI T		AL CARRIER PHONE: INCLUDE AI	20147 REA CODE	4	9 - UNKNOWN			
				DAMAGED AREA(S)								
	LP STATE	LICENSE PLATE # TDS 9882		EHICLE IDENTIFICATION #	1,2,	VEHICLE YEAR	vehicle Make Hyundai	12	INDICATE ALL THAT APPLY			
	_ INSU	IRANCE INSURANCE COMPANY		INSURANCE POLICY#		VEHICLE COLOR	VEHICLE MODEL	10 1	11 12 1			
	- VEF	TYPE OF USE	INSURANCE	AHYJ29855602 us dot #	TOWED	GRY BY: COMPANY NAME	Elantra	10 2 -				
	☐ COMMERC	CIAL GOVERNMENT	IN EMERGENCY RESPONSE	VEHICLE WEIGHT GVWR/GCWR	INT	ERSTATE HAZARDOUS MA	ATEDIAI	8 4 5	8 4 7			
	INTERLO	☐ HIT/SKIP UNIT	# OCCUPANTS 0 2	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 ->26K LBS.		MATERIAL RELEASED PLACARD	CLASS# PLACARD ID#	8 7 6 5 11 12 1 7 6				
	0 1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13 - SNOWMOBII F		+ PASSENGERS) 24 VEHICLE 25	- PEDESTRIAN/SKATER - WHEELCHAIR (ANY TYPE) - OTHER NON- MOTORIST	10/	11 1 2 2			
	<u> </u>	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	22 - ANIMAL	WITH RIDER OR 27	- BICYCLE - TRAIN - UNKNOWN OR HIT/SKIP	9	- 8 1 4 - 3			
щ	ONITTIFE	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	74111012	DIVINITY PERIODE	Sillinom orthinola	12	7 6 5 12			
VEHICLE	0	# OF TRAILING UNITS						11 12	2 11 12 1			
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	MOUS MODE 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	DITIONAL 9	- UNKNOWN	10 1 2	10 1 2				
	2	1-YES 2-NO 9-OTHER/UNKNON	AUTONOMOUS MODE LEVEL	2 PARTIAL ALITOMATION	4 - HIGH	AUTOMATION AUTOMATION		8 4 -				
	0 1 2-TAXI 7-BUS		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11 - FIRE 12 - MILITARY	16 - FARM 21 - MAIL CARRIER 17 - MOWING 99 - OTHER /UNKNOWN			5 5	7			
		4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UT SPECIAL 5 - BUS-TRANSITICOMMUTER 10 - AMBULANCE 15 - CONSTRU		13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	PUBLIC UTILITY 19 - TOWING			6	12 12 12			
				5 - INTERMODAL CONTAINER	8 - POLE 12 - CONCRETE MIXER			12	1 1 1			
	CARGO BODY	/ NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 1		T BED 14	- AUTO TRANSPORTER - GARBAGE/REFUSE - OTHER / UNKNOWN	, ,	9 3 9 3 9 3			
	TYPE			7 - WORN OR SLICK TIRES		OR TROUBLE 99	- OTHER / UNKNOWN	6				
	VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 8 - TRAILER EQUIPMENT 6 - TIRE BLOWOUT DEFECTIVE		10 - DISABLED FROM PRIOR ACCIDENT				6 6 6			
		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION -	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRIV 11 - SHAF	YEWAY ACCESS RED USE PATHS OR	2 - FIRST RESPONDER AT INCIDENT SCENE 9 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14] - ALL AREAS [15]			
	LOCATION AT IMPACT	UNMARKED CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION		TRAILS				IT NOT AT SCENE [16]			
	2	1 - NON-CONTACT 2 - NON-COLLISION 2 - CTOR/CHIO	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTE	ERING OR CROSSING	8 - APPROACHING OR LEAVING VEHICLE 9 - STANDING	II	NITIAL POINT OF CONTACT			
		3 - STRIKING 4 - STRUCK PRE-CRASH ACTION	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED	SPECIFIED LOCATION 20 - OTHER NON-MOTORIST 15 - WALKING, RUNNING, 21 - STANDING OUTSIDE JOGGING, PLAYING DISABLED VEHICLE			1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-112 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE				
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WORKING 99 - OTHER / UNKNOWN 17 - PUSHING VEHICLE			DIAGRAM 13 - TOP	99 - UNKNOWN			
									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 - OPEI	RATING DEFECTIVE 23	1 - LYING IN ROADWAY 2 - NOT DISCERNABLE 3 - OPENING 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 16 - WRONG WAY	FALL	D SHIFTING/	ROADWAY 9 - OTHER IMPROPER	1 - ONE-WAY 2 - TWO-WAY	6 2-SIGNAL 5-YIELD SIGN			
	CONTRIBUTING CIRCUMSTANCES	6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	more in			ACTION	# OF THROUGH LANES	3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING			
(S)	JCOMOTANCES							ON ROAD	1 - NOT INVOLVED			
EVENT(SEQUENCE OF	EVENTS		EVENTS				_4_	2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING			
	1 2 0 1	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANIM	IAL - FARM	2 - 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 - ANIM 20 - MOTO	OR VEHICLE IN	3 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN	U	1 - NORTH 5 - NORTHEAST			
	2	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE		NSPORT KED MOTOR VEHICLE 24	MOTION BY A MOTOR VEHICLE - OTHER MOVABLE	2	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST			
	3			COLLISION WITH FIXED OBJECT -	STRUCK		OBJECT	from 2 to	1 4-WEST 8-SOUTHWEST			
	4, .	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURI 44 - DITCH	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 BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EMBA 46 - FENC 47 - MAILE	ANKMEN I SE 52	- WALL - BUILDING - TUNNEL		DETECTED OF LED			
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE	54	- OTHER FIXED OBJECT - OTHER / UNKNOWN	2 5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR			
	6, , ,	SUNNERVIET NOC	36 - MEDIAN OTHER BARRIER					POSTED SPEED	3 - UNDETERMINED			
								2 5				
HSY	1 8304 OH1U 1/19 [7	FIRST HARMFUL EVENT	1	OST HARMFUL EVENT				2 5	PAGE OF			

	OHI OF SAFET	IO DEPARTMENT PUBLIC SAFETY TY - SERVICE - PROTECTION				HONE: INCLUDE AREA CODE		2,0,2,5,3	LOCAL REPORT NUMBER		
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE TURNER DE	(🗖 Sam	(Same As Driver)		DAMAGE DAMAGE SCALE					
ER		SS: STREET, CITY, STATE, ZIP	(Same As Dr	river)				1 - NONE	3 - FUNCTIONAL DAMAGE		
NMO	5637	E 139TH S1	Γ	GARFIEL			44125	4 2- MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN		
	COMMERCIAL CAI	RRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCI	AL CARRIER PHONE: INCLUDE	AREA CODE				
H	LP STATE	LICENSE PLATE #	VE	EHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE		DAMAGED AREA(S) INDICATE ALL THAT APPLY		
	O_H	JCH4298		GT ₁ 2 ₁ D ₁ S ₁ 5 ₁ 7 ₁ 7 ₁ 7	7 ₁ 2 ₁ 0 ₁	_2_0_1_3] 9 -	11 12	11 12 1		
		IRANCE INSURANCE COMPANY RIFIED		INSURANCE POLICY#		VEHICLE COLOR ONG	Ram	10	2 10 11 1 2		
		TYPE OF USE	IN EMERGENCY	US DOT#	1 '	BY: COMPANY NAME	-	9 10 9	3 9 9 3 3		
	INTERLO		RESPONSE # OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	11111	HAZARDOUS	MATERIAL	785	7. 7. 5. 7.		
	DEVICE EQUIPPE	☐ HIT/SKIP UNIT	0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		MATERIAL RELEASED PLACARD	CLASS# PLACARD ID#	7 6 5	12 7 6 5		
		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (L		23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE)	10/	12 1		
	0 4	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	25 - OTHER NON- MOTORIST 26 - BICYCLE	9 (9 3 3		
	UNIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME		WITHINDLING	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	7.	8 4 7		
CLE	. 0		(ATV / UTV)					12 1	7 6 5 112		
VEHICLE		# OF TRAILING UNITS						10 12	2 10 11 12		
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	MOUS MODE 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	AUTO	DMATION	9 - UNKNOWN	10 2 -	3 2 2		
	2	1 - YES 2 - NO 9 - OTHER / UNKNOW	VN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION		AUTOMATION AUTOMATION		8 4 -			
	1 - NONE 6 - BUS - CHARTER/TOUR 2 - TAXI 7 - BUS - INTERCITY			11 - FIRE 12 - MILITARY	16 - FARM 17 - MOWING		21 - MAIL CARRIER 99 - OTHER /UNKNOWN	8 7 6 5	1 1		
	0 1 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 5 - BUS - TRANSITICOMMUTER 10 - AMBULANCE		13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			6	6			
	FUNCTION	CTION CONTINUE TO SHARED THE CONTINUE TO SHAR			NI 20 - SAFEIT SERVICE PAIROE			12	12 12 12		
	$_{1}$ 0_{1} 1_{1}	U 1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS		5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX	HASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER			a M a			
	CARGO BODY TYPE		4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DU	NI DED	99 - OTHER / UNKNOWN	,609,	9 3 9 3 9		
		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 10 - DISABLED FROM PRIOR			6	6 6		
٥	DEFECTS	CTS 0- INC DEVINOUS DELICITIES		DEFECTIVE 6 - BICYCLE LANE		IDENT IAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE [0]	UNDERCARRIAGE [14]		
	NON-MOTORIST	MARKED CROSSWALK 2 - INTERSECTION -	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRIN 11 - SHA	/EWAY ACCESS RED USE PATHS OR	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- TOP [13]	- ALL AREAS [15]		
ı	LOCATION AT IMPACT	UNMARKED CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION		TRAILS			□ -UN	IT NOT AT SCENE [16]		
	4	1 - NON-CONTACT 2 - NON-COLLISION 0 6	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	14 - ENT	ECTIATING A CURVE ERING OR CROSSING CIFIED LOCATION	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING	"	NITIAL POINT OF CONTACT		
		3 - STRIKING 4 - STRUCK PRE-CRASH ACTION	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED	15 - WAL	KING, RUNNING, GING, PLAYING	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE	0 1 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE			
		5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WOI	RKING HING VEHICLE	99 - OTHER / UNKNOWN	DIAGRAM 13 - TOP	D UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN		
		5-OTHER / UNKNOWN							TRAFFIA		
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION			21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL		
		2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE	14 - STOPPED OR PARKED ILLEGALLY	EQU 19 - LOA	RATING DEFECTIVE IIPMENT D SHIFTING/	22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN		
		5 - UNSAFE SPEED 6 - IMPROPER TURN	CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY		LING/SPILLING ROPER CROSSING	99 - OTHER IMPROPER ACTION	2 2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
	CONTRIBUTING CIRCUMSTANCES		12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING		
(S)									1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING		
EVEN	SEQUENCE OF			EVENTS				4	1 3 - INVOLVED - PASSIVE CROSSING		
	1 2 0 1	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANIN	WAY VEHICLE 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	IAL - DEER IAL - OTHER OR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN	01	1 - NORTH 5 - NORTHEAST		
	2	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRAI	NSPORT KED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST		
	3 1 1			COLLISION WITH FIXED OBJECT	- VALIGTS		24 - OTHER MOVABLE OBJECT	FROM 1 TO	3 4-WEST 8-SOUTHWEST		
		25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CUR		50 -WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN		
	4, , ,	/ 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		
	5	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 - FENO 47 - MAIL 48 - TREE	BOX	53 - TUNNEL 54 - OTHER FIXED OBJECT	1,0,,	1 1 - STATED/ESTIMATED SPEED		
		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		
			,					2 5			
HSY	1 8304 OH1U 1/19 [7	FIRST HARMFUL EVENT	1	OST HARMFUL EVENT					PAGE OF		

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
SAPETY .	SERVICE - PROTECTION	VIOTORIST / NO		31				2	0 2 5	3 0	8 4			
M UNIT# O	NAME: LAST, FIRST,											GENDER		
0	GUNTZ SS: STREET, CITY, STATE, ZIP	AKRINDAPALLI			0 7 2 9 2 0 0 2 2 3 M									
1 5 16255	CHADM	IAN DR 206	OH 44	149										
/ INJURIES	BY	AGENCY (NAME)		ICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	ENT		DOT-COMPLIAN	SEATING POS	SITION AIR	BAG USAGE EJECT			
0 4 J		HFD	MARYN		L	0 4		MC HELMET	0	1 _	2 1	_1		
OL STATE	OPERATOR LICEN	SE NUMBER	CHARGED	CODE OFFE	ENSE DESCRIPT	ION			CIIA	ATION NUMBER				
O OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED		ONDITION	0747110	ALCOHO		074710	DRUG TEST(S)			
R I S			BY 1 1	ALCOHOL MARIJU.	ANA I	1	STATUS	TYPE	VALUE	STATUS	TYPE RI	ESULT SELECT UP TO 4		
M UNIT#	NAME: LAST, FIRST,	MIDDLE		OTHER DRUG					DATE OF BI	RTH	AGE	GENDER		
0 0 2	 TURN	ER	DEMWON					0 9	0 9 1	9 7	0 5 5	_ _ M		
R ADDRES	S: STREET, CITY, STATE, ZIP							CONTACT F	PHONE - INCLUDE AREA CODE	!				
5637 INJURIES	E 139Th	H ST s agency (name)		ARFIELD HTS (ICAL FACILITY (NAME, CITY)	OH 44				SEATING POS	SITION AIRE	BAG USAGE EJECTI	ION TRAPPED		
N 5	INJURED EM TAKEN BY	O AGENOT (MAINE)	INJURED TAKEN TO: MEL	IGAL PACILITY (NAME, CITY)	USED	0 4	-;	DOT-COMPLIANT MC HELMET		1	1 1	1 1		
OL STATE	OPERATOR LICEN	SE NUMBER	OFFENSE		LOCAL OFFE	ENSE DESCRIPTI	_				CITATION NUMBER			
о т			331.1			AILURE	TO YI	IELD		G2	0252389			
O OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ALCOHOL MARJUA		ONDITION	STATUS	ALCOHO TYPE	VALUE	STATUS	DRUG TEST(S) TYPE RE	SULT SELECT UP TO 4		
s _ 4			1	■ ALCOHOL ■ MARJUA OTHER DRUG	L_	2	_2_	_1_		1	_1			
M UNIT#	NAME: LAST, FIRST,	MIDDLE	•		•				DATE OF BI	RTH	AGE	GENDER		
0														
R ADDRES I S	S: STREET, CITY, STATE, ZIP							CONTACT F	PHONE - INCLUDE AREA CODE	:	1 1			
T INJURIES	INJURED EM	S AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQUIPMEN	NT			SEATING POS	SITION AIR E	BAG USAGE EJECTI	ION TRAPPED		
0	Вт							DOT-COMPLIANT MC HELMET						
OL STATE	OPERATOR LICEN	SE NUMBER	OFFENSE	CHARGED	LOCAL OFFE CODE	ENSE DESCRIPT	TION			CITA	TION NUMBER			
T O OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTED	CC	ONDITION		ALCOHO	L TEST		DRUG TEST(S)			
R I	SELECT UP TO 2		DISTRACTED BY	ALCOHOL MARUUA			STATUS	TYPE	VALUE	STATUS		ESULT SELECT UP TO 4		
T L				OTHER DRUG					•					
1 - FATAL	JURIES	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT DEPLOYED	0L CLASS 1 - CLASS A	S	1 - ALCOHOL II	RESTRICTION((S)	1 - NOT DISTRACTED	TRACTION	1 - NONE GIVEN	T STATUS		
2 - SUSPECTED SERI 3 - SUSPECTED MINO		(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B				DEVICE 2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION		2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED		
4 - POSSIBLE INJURY		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT					3 - CORRECTIVE LENSES 4 - FARM WAIVER		DEVICE (TEXTING, TYPING, DIALING)		SAMPLE / UNUSABLE		
5 - NO APPARENT IN.	JURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	6 - EXCEPT CLASS				3 - TALKING ON HANDS-I		4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN			
INJURE	ED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B I	BUS RACTOR-TRAILE	ER	4 - TALKING ON HAND-H COMMUNICATION DE					
1 - NOT TRANSPORTI /TREATED AT SCEN		(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMEDI RESTRICTIO			5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE	'H AN				
2 - EMS 3 - POLICE		9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION 1 - NOT EJECTED	OL ENDORSE	MENT	9 - LEARNER'S PERMIT RESTRICTIONS			6 - PASSENGER		ALCOHOL TEST TYPE 1 - NONE			
9 - OTHER / UNKNOW	/N	TRUCK CAB 11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE	M - MOTORCYCLE 10 - LI				7 - OTHER DISTRACTION INSIDE THE VEHICLE		2 - BLOOD			
		ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	P - PASSENGER	N - TANKED			NT.	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE		3 - URINE 4 - BREATH			
1 - NONE USED	/ EQUIPMENT	12 - PASSENGER IN UNENCLOSED	4 - NOT APPLICABLE	Q - MOTOR SCOOTER			RAKES, HAND		9 - OTHER / UNKNOWN		5 - OTHER			
2 - SHOULDER BELT		CARGO AREA	TRAPPED 1 - NOT TRAPPED	R - THREE-WHEEL MOTOR	CYCLE	CONTROLS ADAPTIVE D								
4 - SHOULDER & LAP	4 - SHOULDER & LAP BELT USED 14 - RIDING ON VEHICLE 2				S - SCHOOL BUS 1 T - DOUBLE & TRIPLE TRAILERS 1			-Y			1 - NONE	TEST TYPE		
FORWARD FACING	5 - CHILD RESTRAINT SYSTEM - EXTERIOR FORWARD FACING (NON-TRAILING UNIT) 6 - CHILD RESTRAINT SYSTEM - 15 - NON-MOTORIST		MECHANICAL MEANS 3 - FREED BY	X - TANKER / HAZMAT	X - TANKER / HAZMAT				COMPLICAN		2 - BLOOD			
		99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS				17 - PROSTHETIC AID 18 - OTHER		CONDITION 1 - APPARENTLY NORMAL		3 - URINE 4 - OTHER	3 - URINE 4 - OTHER		
8 - HELMET USED	ne lieen								2 - PHYSICAL IMPAIRME 3 - EMOTIONAL (E.G. DEI					
9 - PROTECTIVE PAD (ELBOWS, KNEES, E 10 - REFLECTIVE CLO	ETC.)			GENDER					ANGRY, DISTURBED) 4 - ILLNESS		DRUG TE 1 - AMPHETAMINES	ST RESULT(S)		
11 - LIGHTING - PEDE / BICYCLE ONLY				F - FEMALE M - MALE					5 - FELL ASLEEP, FAINT	ED,	2 - BARBITURATES 3 - BENZODIAZEPINE	s		
99 - OTHER / UNKNO	WN			U - OTHER/UNKNOWN					FATIGUED, ETC. 6 - UNDER THE INFLUEN	ICE OF	4 - CANNABINOIDS			
									MEDICATIONS / DRUG / ALCOHOL	S	5 - COCAINE 6 - OPIATES / OPIOID	S		
										S				
									/ ALCOHOL	S	6 - OPIATES / OPIOID 7 - OTHER			

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

OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER						
\sim	2 0 2 5 3	8 0	4									
UNIT#	NAME: LAST, FIF		VEN	DATE OF B		0 3	AGE 2 2	GENDER				
	EET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
	CHADMA	AN DR 206 STRONG	SVILLE	OH 44149	_							
INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY (NAME) GHFD		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT	DOT-COMPLIANT MC HELMET	O 3	AIR BAG USAGE	EJECTION 1	TRAPPED 1			
UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE OF B	IRTH		AGE	GENDER		
							Ш					
ADDRESS: STRI	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	CODE					
INJURIES	INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	IG POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE OF B	IRTH		AGE	GENDER		
ADDRESS: STR	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATIN	IG POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
						MC HELMET				L		
UNIT#	NAME: LAST, FIF	RST, MIDDLE		DATE OF B	IRTH		AGE	GENDER				
							<u> </u>			1 L		
ADDRESS: STRI	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		IG POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	TAKEN BY				USED	DOT-COMPLIANT MC HELMET		 <u> </u>				
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 ON 4 - SHOULDER & 5 - CHILD RESTI FORWARD FA	BELT ONLY USED NLY USED A LAP BELT USED RAINT SYSTEM - CONS RAINT SYSTEM - G EAT ED EPADS USED HEES, ETC.) FE CLOTHING PEDESTRIAN NLY	2 - FRONT - NIDDLE 3 - FRONT - NIDDLE 4 - SECOND - LEFT SIDE (MOTORC) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCL 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - 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	5 - NOT APP 9 - DEPLOY! 1 - NOT EJE 2 - PARTIAL 3 - TOTALL' 4 - NOT APP 1 - NOT TR. 2 - EXTRICA	ED SIDE ED BOTH FRONT/SID PLICABLE MENT UNKNOWN EVIE ECTED LLY EJECTED Y EJECTED PLICABLE	CTION APPED AL MEANS			
NAME: LAST, FIRS	T, MIDDLE					DATE OF B	IRTH		AGE	GENDER		
ADDRESS: STREET	ET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE A	REA CODE									
NAME: I AST EIDS	T. MIDDLE		 		AGE	GENDER						
NAME: LAST, FIRST, MIDDLE						DATE OF BI				L		
ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE A	REA CODE					
NAME: LAST, FIRST	T, MIDDLE					DATE OF BI	RTH	A	AGE	GENDER		
ADDRESS: STREE												
	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE A	REA CODE	1 1	1 1	1 1		

HSY 8355 OHIP 1/19 [760-1500]