OHIO DEPARTMENT OF PUBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT LOCAL INFORMATION									LOCAL REPORT NUMBER *					
☐ PHOTOS TAKEN	OH-3	2   0   2   5   3   2   7   0												
SECONDARY CRASH		OTHER	REPORTING AGENC			0   1   8	HIT/SKIP 1 - Solved 2 - Unsolved	NIIMRED OF LINITS	0 2 98 - ANIMAL 99 - UNKNOWN					
	GARFIELD HEIGHTS								TE/TIME*	CRASH SEVERITY				
, ,   ,	1 - CIY **													
ROUTE TYPE	ROUTE NUMBER	ROUTE NUMBER PREFIX 1 - NORTH LOCATION ROAD NAME ROAD TYPE							2. SERIOUS INJURY SUSPECTED  1.ATITITIES DECIMAL DEDGECES  3. MINOR INJURY					
Госатіон			2 - SOUTH 3 - EAST 4 - WEST	TURN	EY		$R_1D_1$	SUSPECTED 4- INJURY POSSIBLE						
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH	REFERI	ENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	$\dashv$	ROAD TYPE	LONGITUDE DECIMAL	DEGREES	5 - PROPERTY DAMAGE ONLY				
REFEREN			3 - EAST 4 - WEST	6091				8 1 1 5 9						
REFERENCE POINT  1 - INTERSECTION  2 - MILE POST	1 - NORTH	IR - INTE	ROLLTE TYPE ERSTATE ROUTE (TP)	RSTATE ROUTE (TP)  AL - ALLEY HW - HIGHWAY RD - ROAD					INTERSECTION RELATED  WITHIN INTERSECTION OR ON APPROACH					
3 - HOUSE #	2 - SOUTH 3 - EAST 4 - WEST	SR - STA	DERAL US ROUTE ATE ROUTE MBERED COUNTY ROU	ITE	AV - AVENUE LA - LANE BL - BOULEVARD MP - MILEPO CR - CIRCLE OV - OVAL	OST ST TE	- SQUARE - STREET - TERRACE	☐ WITHIN INTERCH	ANGE AREA	NUMBER OF APPROACHES				
DISTANCE EDOM DECEDEMOS	DISTANCE	TR - NUI	MBERED TOWNSHIP UTE		CT - COURT PK - PARKW DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE		- TRAIL A - WAY		ROADWAY					
	2 - Feet 3 - Yards							ROADWAY DIVIDE	ED					
	CATION OF EIDET HADMEIII				MANNER of CRASH COLLISION/IMP	ACT		DIRECTION OF TRAVEL		MEDIAN TYPE				
0 1 1 - ON ROAE 2 - ON SHOU 3 - IN MEDIA 4 - ON ROAE	JLDER 10 - DRIVEWA N ACCESS	Y / ALLEY	3 .	1 - NOT COLLISION BETWEEN TWO MOTOR	5 - BACKING			1 - NORTH 2 - SOUTH	1 - DIVIE	DED FLUSH MEDIAN				
5 - ON GORE 6 - OUTSIDE TRAFFICI	E CROSSIN 12 - SHARED I	G USE PATHS		VEHICLES IN TRANSPORT 2 - REAR-END	6 - ANGLE 7 - SIDESWIPE, SAME DI 8 - SIDESWIPE, OPPOSIT			3 - EAST 4 - WEST	2 - DIVIE (≥4 F	DED FLUSH MEDIAN				
7 - ON RAMP 8 - OFF RAM	13 - BIKE LANI	E OTH		3 - HEAD-ON	9 - OTHER / UNKNOWN	ı			4 - DIVIE (ANY	DED, RAISED MEDIAN TYPE) ER / UNKNOWN				
	33 6112171	, and the same												
WORK ZONE RELATED		WORK ZO			LOCATION OF CRASH I 1 - BEFORE THE 1S	ST WORK ZONE		CONTOUR	CONDITIONS	SURFACE				
WORKERS PRESENT LAW ENFORCEMENT PRESENT	3-	LANE SHIFT/CROS WORK ON SHOUL OR MEDIAN	SSOVER DER		WARNING SIGN 2 - ADVANCE WARN 3 - TRANSITION AR	NING AREA EA		_ 3 _	_ 1	_ 2_				
ACTIVE SCHOOL ZONE		INTERMITTENT OR OTHER	MOVING WORK		4 - ACTIVITY AREA 5 - TERMINATION A			1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET 3 - SNOW	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,				
	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 - CLOUE	Υ	6 - SNOW 7 - SEVERE CROSSWINDS			/UNKNOWN	6 - WATER (STANDING, MOVING) 7 - SLUSH	STONE 5 - DIRT 9 - OTHER				
5 - DARK - UNKNO	WAY NOT LIGHTED OWN ROADWAY LIGHTING	11	3 - FOG, S 4 - RAIN 5 - SLEET	MOG, SMOKE , HAIL	8 - BLOWING SAND, SOIL, DIR 9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN				9 - OTHER/UNKNOWN	/UNKNOWN				
9 - OTHER / UNK	NOWN													
UNIT 01 WAS	TRAVELING S	SOUTH	BOUND O	N TURN	JFY					Indicate the north direction with				
RD. UNIT 02 V								}	N	an "N" on the compass diagram.				
TURNEY RD.							/ //	1	*					
	9.11.9.1.9.1.1	0011.011	···				Unit 01		.1					
							/ /	<u> </u>						
							Turney Rd	2 2	6091 Turn	ey Rd				
							TI / Jig							
							\	11						
								The state of the s						
								/ //						
	DATESTINE	Г		E/THE					Not To Sca					
CRASH REPORTED		<u>  1 </u> 2 2	DISPATCH DAT 2 1 2 0 2 5			2   5	1 4 4 7	SCENE CLEAR  1 2 2 1 2 0 2		POLICE AGENCY				
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTE	OFFICER'S	NAME *			CHECKED BY OFF			MOTORIST				
	4,0,,	 	J. PIE	etraszkiev off   0   0	ICER'S BADGE NUMBER*		2. 24.109	CHECKED BY OFFICER'S BADGE	NUMBER*	SUPPLEMENT (CORRECTION or ADDITION To set Locations service sect 100 copies				

OF PUBLIC SAFETY MATET - METURE - PROTECTION  MATET - METURE - PROTECTION									LOCAL REPORT NUMBER		
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE  COOKE BRI	<sup>E</sup> (■ Sam ELL ADRIANNA	ne As Driver)	OWNER P	HONE: INCLUDE AREA CODE (	Same As Driver)		DAMAGE DAMAGE SCALE		
OWNER	OWNER ADDRE	ESS: STREET, CITY, STATE, ZIP	( Same As Dr					1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE			
МО		COUNTRY  ARRIER: NAME, ADDRESS, CITY, STATE, ZIF	LN APT F26	CLEVEL		OH 4		4	9 - UNKNOWN		
						DAMAGED AREA(S)					
	LP STATE	LICENSE PLATE # KFF2310		HICLE IDENTIFICATION#	4.0.1.	VEHICLE YEAR	VEHICLE MAKE Dodge	12	INDICATE ALL THAT APPLY		
	INSI	INSURANCE COMPANY INSURANCE POLICY#			VEHICLE COLOR VEHICLE MODEL			,, ,,	11 12		
		TYPE OF USE		US DOT#	TOWED	GRY BY: COMPANY NAME	Journey	10 2 -	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	☐ COMMER	□ COMMERCIAL □ GOVERNMENT □ IN EMERGENCY RESPONSE □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		_ Inte	erstate		-	· '			
	☐ DEVICE	INTERLOCK		HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD  PLACARD			8 7 6 5	12 7 6 5			
	10131	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		6+ PASSENGERS) 24 VEHICLE 25	- PEDESTRIAN/SKATER - WHEELCHAIR (ANY TYPE) - OTHER NON- MOTORIST - BICYCLE	10	11 1 2 2 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	<i>-</i>			
VEHICLE			(ATV / UTV)	•				11 12 1	7 6 5 11 12 1		
VEHI		# OF TRAILING UNITS						10 12	2 10 11 12		
	_ 2	WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?  1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	AUTO 4 - HIGH	DITIONAL 9 - DMATION H AUTOMATION - AUTOMATION	UNKNOWN	9 10 2 3 8 4 7 5 5	3 9 9 3 3 3		
	,0,1,	1 - NONE 6 - BUS - CHARTERTOUR 11 - FIRE 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY			16 - FAF	WING 99	- MAIL CARRIER - OTHER /UNKNOWN	8 7 6 5			
	SPECIAL FUNCTION	3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER	8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			6	12 12 12		
	0 1	1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER     //NOT APPLICABLE MOTOR VEHICLE CHASSIS		CHASSIS	8 - POLE 12 - CONCRETE MIXER 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE		AUTO TRANSPORTER	a M a	<b>★ 1</b> ■		
	CARGO BOD	Y 2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FL/ 11 - DU		OTHER / UNKNOWN	, 60,	9 3 9 3 9		
	VEHICLE DEFECTS	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 ABLED FROM PRIOR IDENT	OTHER / UNKNOWN	6	6 6 6		
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE	10 - DRI	VEWAY ACCESS	- FIRST RESPONDER AT INCIDENT SCENE - OTHER / UNKNOWN	- NO DAMAGE [0]	- UNDERCARRIAGE [14] - ALL AREAS [15]		
	NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION	8 - SIDEWALK	TRA	RED USE PATHS OR		_	IIT 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 14 - ENTERING OR CROSSING 19 - STANDING			I	NITIAL POINT OF CONTACT		
		3 - STRIKING	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, 21 - STANDIN		0 - OTHER NON-MOTORIST 1 - STANDING OUTSIDE DISABLED VEHICLE	1 2 0-NO DAMAGE			
	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			1-12 - REFER T DIAGRAM 13 - TOP	0 UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN		
		9-OTHER / UNKNOWN						.0 16.	TRAFFIC		
		1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO	13 - IMPROPER START FROM A PARKED POSITION	18 - OPE	ERATING DEFECTIVE 22	- LYING IN ROADWAY - NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC CONTROL		
		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	EQL 19 - LOA	JIPMENT 23 AD SHIFTING/	- OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN  2 - SIGNAL 5 - YIELD SIGN		
	0 7	6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMP	ROPER CROSSING	- OTHER IMPROPER ACTION	2 2-TWO-WAY	3 - FLASHER 6 - NO CONTROL		
	CONTRIBUTING CIRCUMSTANCES							# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING  1 - NOT INVOLVED		
EVENT(S)	SEQUENCE OF	EVENTS						2	2 - INVOLVED - ACTIVE CROSSING		
EV		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE -			- WORK ZONE MAINTENANCE	-	3 - INVOLVED - PASSIVE CROSSING		
		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 23	EQUIPMENT - STRUCK BY FALLING,	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	20 - MOT TRA	OR VEHICLE IN NSPORT KED MOTOR VEHICLE	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		2 - SOUTH 5 - NORTHWEST		
	3				2140		- OTHER MOVABLE OBJECT	FROM 1 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
		OF IMPACT ATTENUATOR	24 CHADDAN TAD	COLLISION WITH FIXED OBJECT  37 - TRAFFIC SIGN POST	CT - STRUCK	RB so	-WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN		
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	44 - DITC 45 - EMB	CH ANKMENT 51	EQUIPMENT - WALL - BUILDING	UNIT SPEED	DETECTED SPEED		
	5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	46 - FEN 47 - MAIL 48 - TREI	BOX 53	- TUNNEL - OTHER FIXED OBJECT	, 0 , , ,	3 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		
	, 1		. 1					3   5			
HS	Y8304 OH1U 1/19	FIRST HARMFUL EVENT [760-0820]	I MO	OST HARMFUL EVENT					PAGE OF		

	OH OF MAPE	HIO DEPARTMENT UNIT		LOCAL REPORT NUMBER							
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLI	E / D Som	e As Driver)	( Same As Driver)	2 0 2 0 0	DAMAGE				
	0 2	CAR RENTA		e As Driver)	1 1	1 1 1 1		DAMAGE SCALE			
ER	OWNER ADDRE	ESS: STREET, CITY, STATE, ZIP	(  Same As Dri	iver)				1 - NONE	3 - FUNCTIONAL DAMAGE		
OWN	1459	INTERSTAT	ΓE DR	COOKEV	ILLE	TN	38501	4 2 - MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN		
	COMMERCIAL CA	ARRIER: NAME, ADDRESS, CITY, STATE, ZIF	•		COMMERCIA	AL CARRIER PHONE: INCLUDE	AREA CODE				
		_			Щ				DAMAGED AREA(S)		
	LP STATE	LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # $T \cdot N \cdot 948BNNN$				VEHICLE YEAR	VEHICLE MAKE Toyota	12	INDICATE ALL THAT APPLY		
	INSI	URANCE INSURANCE COMPANY		INSURANCE POLICY#		VEHICLE COLOR	VEHICLE MODEL		11 12		
	□ VE	RIFIED			SIL Sienna			10 2	2 10 11 1		
	☐ COMMER	TYPE OF USE US DOT #		US DOT#	TOWED BY: COMPANY NAME Interstate			9 9 3	3 9 9 3		
		COMMERCIAL GOVERNMENT RESPONSE VEHICLE WEIGHT GWRIGCWR  INTERLOCK # OCCUPANTS  VEHICLE WEIGHT GWRIGCWR		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL			785	74 8 7 5 74		
	DEVICE EQUIPPE	☐ HIT/SKIP UNIT	0,1,	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	☐ MATERIAL RELEASED CLASS # PLACARD ID #			7 6 5	12 7 6 5		
		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED			VERY VEHICLE)	23 - PEDESTRIAN/SKATER	10 /	12 2		
	10121	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13 - SNOWMOBILE		PASSENGERS) /EHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST	<i>-</i>	10 2		
		4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY E 22 - ANIMAL \	WITH RIDER OR	26 - BICYCLE 27 - TRAIN	,	- 3 1 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	7 6 11 12		
VE		. 5. 112						10 12	2 10 11 1		
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	OMOUS MODE O	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE		MATION	9 - UNKNOWN	9 10 2 3	3 9 9 3		
	_ 2	1-YES 2-NO 9-OTHER/UNKNO	WN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION		AUTOMATION AUTOMATION		8 4 -			
		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE					21 - MAIL CARRIER	8 7 6	8 7 5 4		
	UI				17 - MOW 18 - SNOV 19 - TOW	W REMOVAL	99 - OTHER /UNKNOWN	7 6 5	7 6 5		
	SPECIAL FUNCTION	IAL 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT		15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL				12 12 12		
	0 1	1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER			8 - POLE 12 - CONCRETE MIXER			12			
	O 1	1 - TURN SIGNALS			9 - CARGO TANK 13 - AUTO TRANSPORTER ( 10 - FLAT BED 14 - GARBAGEIREFUSE 11 - DUMP 99 - OTHER / UNKNOWN			, 100	9 4 3 9 7 3 9 8 3		
	TYPE			7 - GRAIN/CHIPS/GRAVEL	II - DOW	IP .	o ometromatom	0	1		
				8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 10 - DISABLED FROM PRIOR ACCIDENT			6	6 6 6		
	DEFECTS	CCTS SELECTION									
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE	9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN			- NO DAMAGE [0] - UNDERCARRIAGE [14] - TOP [13] - ALL AREAS [15]			
	NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED	5 - TRAVEL LANE-OTHER LOCATION	8 - SIDEWALK	TRAIL	KED USE PATHS ON			VIT NOT AT SCENE [16]		
	IMPACI	CROSSWALK  1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN		DTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	II.	NITIAL POINT OF CONTACT		
	4	2 - NON-COLLISION 3 - STRIKING 1 3	2 - BACKING  3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	SPEC	RING OR CROSSING IFIED LOCATION	19 - STANDING 20 - OTHER NON-MOTORIST				
		4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTION	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED	JOGGING, PLAYING DISABLED VEHIC		21 - STANDING OUTSIDE DISABLED VEHICLE	1 2 0 - NO DAMAGE			
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WORKING 99 - OTHER / UNKNOWN 17 - PUSHING VEHICLE		DIAGRAM 13 - TOP				
		9-OTHER / UNKNOWN						10 101			
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM	17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY			TRAFFICWAY FLOW	TRAFFIC CONTROL		
		2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8 - FOLLOWING TOO CLOSE/ACDA	A PARKED POSITION 14 - STOPPED OR PARKED	EQUI	PMENT	22 - NOT DISCERNABLE 23 - OPENING DOOR INTO		1 - ROUNDABOUT 4 - STOP SIGN		
		4 - RAN STOP SIGN 5 - UNSAFE SPEED	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	FALLI	) SHIFTING/ ING/SPILLING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY 2 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN		
		6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPR	OPER CROSSING	ACTION		3 - FLASHER 6 - NO CONTROL		
	CONTRIBUTING CIRCUMSTANCES							# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING  1 - NOT INVOLVED		
T(S)									2 - INVOLVED - ACTIVE CROSSING		
EVEN	SEQUENCE OF	FEVENIS		EVENTS				2	3 - INVOLVED - PASSIVE CROSSING		
		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF	17 - ANIMA	AL - FARM	22 - WORK ZONE MAINTENANCE				
		3 - IMMERSION 4 - JACKKNIFE	UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL  12 - DOWNHILL RUNAWAY		AL - OTHER	EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR	U	NIT / NON-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST		
	2   1	5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDAL CYCLE	TRAN	OR VEHICLE IN SPORT	ANYTHING SET IN MOTION BY A MOTOR		2 - SOUTH 6 - NORTHWEST		
				15 - PEDALCYCLE	21 - PARK	ED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVABLE OBJECT	FROM   2   TO	3 - EAST 7 - SOUTHEAST		
	3			COLLISION WITH FIXED OBJECT	- STRUCK		55525.		4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN		
		25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURE 44 - DITCH		50 -WORKZONE MAINTENANCE EQUIPMENT	, <del></del>			
	4	/ CRASH CUSHION  26 - BRIDGE OVERHEAD  STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	44 - DITCH 45 - EMBA 46 - FENCI	NKMENT	51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED		
		27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	46 - FENCI 47 - MAILB 48 - TREE	iox	53 - TUNNEL 54 - OTHER FIXED OBJECT	. 3. 5	1 1 - STATED/ESTIMATED SPEED		
		29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRE I		99 - OTHER / UNKNOWN		2 - CALCULATED / EDR		
	6, , .							POSTED SPEED	3 - UNDETERMINED		
	1 1 .	CIDCT HADMEHI EVENT	, 1 ,	OST HARMFUL EVENT				3   5			
HSY	Y8304 OH1U 1/19 [	FIRST HARMFUL EVENT	MC	OO I HARMIFUL EVENT					PAGE OF		

OHIO DEPARTMENT	MOTORIST / NO	AN MOTODI	ст					LOCAL REPORT	NUMBER			
OF PUBLIC SAFETY SAPETY - SERVICE - PROTECTION	WICTORIST / INC	JIN-IVIO I OKI	31			_2_	0   2   5   DATE OF BIRT	3   2	7   0			
M UNIT# NAME: LAST, F		BRIELL	ADRIA	ΝΝΑ			DATE OF BIRT			GENDER		
R ADDRESS: STREET, CITY, STATE, ZI		DINILLL	ADINA	NININA.			CONTACT PHONE - INCLUDE AREA CODE					
17 10					44128							
N BY	EMS AGENCY (NAME) GHFD		CALINITY (NAME, CITY)	SAFETY EC		DOT-COMPLIAN				CTION TRAPPED		
N L	ICENSE NUMBER	MARYM OFFENSE C		LOCAL	OFFENSE DESCRIPTION	- MC HELMET	0   1		TION NUMBER	_1		
M 0		331.3	4a	CODE	FAILURE TO	CONTR	ROL	G2	0252532			
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTE		CONDITION	ALCOHO	OL TEST VALUE	STATUS	DRUG TEST(	RESULT SELECT UP TO 4		
s 2			ALCOHOL MAF	RIJUANA	_ 1 1			լ 1	1			
M UNIT# NAME: LAST, F	I IRST, MIDDLE						DATE OF BIRT	TH	AGE	GENDER		
$\begin{bmatrix} 0 & 2 \\ 0 & \end{bmatrix}$ KINO	3	CALVIN	LERO)	Y		<u>∟0                                    </u>	0   9   1	9   8	8 3 7	<u>M</u>		
ADDRESS: STREET, CITY, STATE, ZI						CONTACT	PHONE - INCLUDE AREA CODE					
S 3588 W 133	BRD ST EMS AGENCY (NAME)		EVELAND CAL FACILITY (NAME, CITY)	SAFETY E	44111 QUIPMENT		SEATING POSITI	ION AIR E	BAG USAGE EJE	CTION TRAPPED		
N BY	VVFD	MARYM	OUNT	USED	0   4	DOT-COMPLIANT	'		4   1 1	⊢		
OL STATE OPERATOR L	ICENSE NUMBER	OFFENSE C	HARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITAT	TION NUMBER			
O												
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTE		CONDITION	ALCOHO TUS TYPE	VALUE	STATUS	DRUG TEST(	RESULT SELECT UP TO 4		
s 4		1	OTHER DRUG	l		_  _1_	•	_1	_1			
M UNIT # NAME: LAST, F	IRST, MIDDLE						DATE OF BIRT	Ή	AGE	GENDER		
0												
R ADDRESS: STREET, CITY, STATE, ZI S	•							CONTACT PHONE - INCLUDE AREA CODE				
I INJURIES INJURED TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	AL FACILITY (NAME, CITY)	SAFETY EQ USED	QUIPMENT		SEATING POSITI	ION AIR E	BAG USAGE EJE	CTION TRAPPED		
0 N							DOT-COMPLIANT MC HELMET					
OL STATE OPERATOR L	CENSE NUMBER	OFFENSE C	HARGED	LOCAL	OFFENSE DESCRIPTION			CITAT	TION NUMBER			
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTE	n	CONDITION	ALCOHO	) TEST		DRUG TEST(	S)		
R SELECT UP TO 2	neonion deces or los	DISTRACTED BY		JUANA	STA		VALUE	STATUS	TYPE	RESULT SELECT UP TO 4		
S L L L L			OTHER DRUG	l			•					
INJURIES  1 - FATAL	SEATING POSITION  1 - FRONT - LEFT SIDE	1 - NOT DEPLOYED	0L GL 1 - CLASS A	ASS	1 - ALCOHOL INTERLO		1 - NOT DISTRACTED	ACTION	1 - NONE GIVEN	EST STATUS		
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRASTATE	ONLY	2 - MANUALLY OPERATING ELECTRONIC COMMUNI		2 - TEST REFUSED			
4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / S		3 - CLASS C 3 - CORRECTIVE LENSES 4 - REGULAR CLASS (OHIO = D) 4 - FARM WAIVER			DEVICE (TEXTING, TYPING, DIALING)			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER)  5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	,	5 - EXCEPT CLASS A 6 - EXCEPT CLASS A	BUS	3 - TALKING ON HANDS-FR COMMUNICATION DEVICE			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTOR	-TRAILER	4 - TALKING ON HAND-HELD  COMMUNICATION DEVICE		3- TEST GIVEN, RESULTS UNKNOWN			
1 - NOT TRANSPORTED //TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMEDIATE LIG RESTRICTIONS		5 - OTHER ACTIVITY WITH					
2 - EMS	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION	OL ENDOR	SEMENT	9 - LEARNER'S PERMI RESTRICTIONS	т	ELECTRONIC DEVICE 6 - PASSENGER		ALCOHOL TEST TYPE			
3 - POLICE 9 - OTHER / UNKNOWN	TRUCK CAB  11 - PASSENGER IN OTHER	1 - NOT EJECTED  2 - PARTIALLY EJECTED	H - HAZMAT  M - MOTORCYCLE	H - HAZMAT 10 - LIMITED TO DAYLIGHT			7 - OTHER DISTRACTION INSIDE THE VEHICLE			1 - NONE 2 - BLOOD		
3-SIIIEN/ONNIONN	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER	P - PASSENGER 11 - LIMITED TO E			MENT 8 - OTHER DISTRACTIONS OUTS THE VEHICLE					
SAFETY EQUIPMENT	PICK-UP WITH CAP)  12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER	13 - MECHANICAL DEVICES			9 - OTHER / UNKNOWN			4 - BREATH		
1 - NONE USED 2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER  R - THREE-WHEEL MOTOR	ORCYCLE	CONTROLS, OR OT ADAPTIVE DEVICES	HER			5 - OTHER			
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	3 - LAP BELT ONLY USED 13 - TRAILING UNIT		S - SCHOOL BUS	S - SCHOOL BUS 14 - MILITA						UG TEST TYPE		
	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TO X - TANKER / HAZMAT	RAILERS	15 - MOTOR VEHICLE WITHOUT AIR BR	AKES			1 - NONE 2 - BLOOD			
5 - CHILD RESTRAINT SYSTEM -	(NON-TRAILING UNIT)	3 - FREED BY	A - TANKER / FIAZMAT		16 - OUTSIDE MIRROF 17 - PROSTHETIC AID	ζ	1 - APPARENTLY NORMAL	ON	3 - URINE			
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM -	15 - NON-MOTORIST	NON-MECHANICAL MEANS			18 - OTHER		2 - PHYSICAL IMPAIRMENT		4 - OTHER			
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT									T OTHER			
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED	15 - NON-MOTORIST						3 - EMOTIONAL (E.G. DEPRI ANGRY, DISTURBED)			TEST RESULT(S)		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING C - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING	15 - NON-MOTORIST		GEND F - FEMALE	ER			3 - EMOTIONAL (E.G. DEPRI ANGRY, DISTURBED) 4 - ILLNESS	ESSED,	DRUG 1 - AMPHETAMINE	S		
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	15 - NON-MOTORIST		F - FEMALE M - MALE	ER			3 - EMOTIONAL (E.G. DEPRI ANGRY, DISTURBED)	ESSED,	DRUG 1 - AMPHETAMINE 2 - BARBITURATE: 3 - BENZODIAZEP	S S INES		
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	15 - NON-MOTORIST		F - FEMALE	ER			3 - EMOTIONAL (E.G. DEPRI ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED FATIGUED, ETC. 6 - UNDER THE INFLUENCE	ESSED,	DRUG 1 - AMPHETAMINE 2 - BARBITURATE:	S S INES		
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	15 - NON-MOTORIST		F - FEMALE M - MALE	ER			3 - EMOTIONAL (E.G. DEPRI ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED FATIGUED, ETC. 6 - UNDER THE INFLUENCE MEDICATIONS / DRUGS / ALCOHOL	ESSED,	1 - AMPHETAMINE 2 - BARBITURATE 3 - BENZODIAZEP 4 - CANNABINOID	S S NES S		
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	15 - NON-MOTORIST		F - FEMALE M - MALE	ER			3 - EMOTIONAL (E.G. DEPRI ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED FATIGUED, ETC. 6 - UNDER THE INFLUENCE MEDICATIONS / DRUGS	ESSED,	1 - AMPHETAMINE 2 - BARBITURATE: 3 - BENZODIAZEP 4 - CANNABINOID: 5 - COCAINE 6 - OPIATES / OPIA	SS SINES SI		

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OFFICIAL SAFETY OF CUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
	SAPETY - SE	ERVICE - PROTECTION		2   0   2   5   3   2   7   0									
	UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE OF BIRTH AGE GENDER						
IPANT	ADDRESS: STREE	ET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
OCCUPANT						_							
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
							MC HELMET						
	UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE OF BIRTH AGE GENDER						
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CUPANT	ADDRESS: STREE	ET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
ō	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY				USED	DOT-COMPLIANT MC HELMET						
Ħ	UNIT#	NAME: LAST, FIF	RST MIDDLE				DATE	OF BIRTH		AGE	GENDER		
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	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
							MC HELMET						
	UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE	OF BIRTH		AGE	GENDER		
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CUPAN	ADDRESS: STREE	ET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	INCOME.	TAKEN BY	Line Adenor (NAME)		INCORED FARENTO. MEDICAL FACILITY (NUME, CITY)	USED	DOT-COMPLIANT MC HELMET	SEATING FOOTHOR	AIN DAG GOAGE		1 1		
H		IN LINE	JURIES	1	SAFETY EQUIPMENT USED	SEAT	NG POSITION		AID DA	G 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  GENDER F - FEMALE M - MALE U - OTHERUNKNOWN				SUPANT SECTION Y USED  SELT ONLY USED  SEL AP BELT USED  RAINT SYSTEM -  CONS  BARINT SYSTEM -  BARINT SYSTEM SYS	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORC) 5 - SECOND - MIDDLE 6 - SECOND - MIDDLE 7 - THIRD - LEFT SIDE (MOTORCYCL 8 - THIRD - LEFT SIDE (MOTORCYCL 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENCL (MONT-TRAILING UNIT 12 - PASSENGER IN UNENCLOSED 3 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOL (MONT-TRAILING UNIT 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  CK CAB LOSED CARGO AREA LUP WITH CAP) ED CARGO AREA						
WITNESS	NAME: LAST, FIRST, HOOKS ADDRESS: STREET 19904 F, NAME: LAST, FIRST,	r, city, state, zip  AIRWAY  , MIDDLE	SAEC		LYNAE		CONTACT PHONE - INC	OF BIRTH	9   2     3	AGE AGE	GENDER F GENDER		
WITNESS											<u> </u>		
WIT	ADDRESS: STREET	r, CITY, STATE, ZIP					CONTACT PHONE - INC	LUDE AREA CODE			1 1		
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