OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*							
	\[ \begin{aligned} alig							
PHOTOS TAKEN X OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
SECONDARY CRASH PRIVATE PROPERTY	6   7   0   3	1 - SOLVED	0 2	0 2 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CITY	CRASH DATE /	TIME*	CRASH SEVERITY					
6 7 2-VILLAGE Kent			0 <sub>1</sub> 7 <sub>1</sub> 1 <sub>6</sub> 2 <sub>1</sub> 0 <sub>1</sub> 2 <sub>1</sub> 1	/1744 5	1 - FATAL  2 - SERIOUS INJURY			
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3 3-EAST 3 4-WEST	ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED				
S R 5,9 3 3-EAST 4-WEST	HAYMAKER WY		P K	4+1-15-3	7 6 0	3 - MINOR INJURY SUSPECTED		
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH	REFERENCE ROAD NAME (ROAD, M	AILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE o	4 - INJURY POSSIBLE			
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	WILLOW		ST	8 <sub>1</sub> 1 <sub>10</sub> (3 <sub>1</sub> 5 <sub>1</sub> 3	0 0 0	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE			INTERSECTION REL	.ATED		
1 2-MILE POST 4 2-SOUTH US-	AND RESIDENCE OF THE PROPERTY		D - ROAD Q - SQUARE	X WITHIN INTE	RSECTION OR ON API	PROACH		
3- HOUSE #   3- EAST	STATE ROUTE BL -		T - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES		
DISTANCE DISTANCE CR -	NUMBERED COUNTY ROUTE I		E - TERRACE	ROADWAY				
1-MILES TR-	ROUTE	DRIVE PI - PIKE V	VA - WAY	X ROADWAY DIV				
		HEIGHTS PL - PLACE						
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVER	1 - NOT C	ER OF CRASH COLLISION/IMPA COLLISION 4 - REAR-TO-REAR	CT	DIRECTION OF TRAVE		EDIAN TYPE DED FLUSH MEDIAN		
		MOTOR		4 2-SOUTH	1 1 (<4 )	FEET)		
4 - ON ROADSIDE 12-SHARED US		CLES IN 6-ANGLE ISPORT 7-SIDESWIPE, SAME	E DIRECTION	3- EAST 4- WEST		DED FLUSH MEDIAN FEET )		
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR- 3 - HEAD-			4-16521	1	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN		
7 - ON RAMP 14-TOLL BOOTI	H	7-OTTER / DIRECTOR	*14		(ANY	TYPE) R/UNKNOWN		
8-OFF RAMP 99-OTHER / UN								
WORK ZONE RELATED	WORK ZONE TYPE  LANE CLOSURE	LOCATION OF CRASH IN WO 1 - BEFORE THE 1ST V		CONTOUR	CONDITIONS	SURFACE		
WORKERS PRESENT 2-	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNIN		3	1	2		
	WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,		
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	FΔ	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT		
				4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK		
LIGHT CONDITION  1 - DAYLIGHT	1-CLEAR	K 6-SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT OIL, GRAVEL	4 - SLAG, GRAVEL, STONE		
2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	LiWiZi	7 - SEVERE CROSSWINDS				NG, 5-DIRT		
4 - DARK - ROADWAY NOT LIGHTED	1	8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZI			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN		
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOW	N		
NARRATIVE						^		
					4	Indicate the north direction with an "N" on the		
Unit 1 was in the curb lane tra						compass diagram.		
west on STHY 59. Unit 2 was	in the inside lane							
traveling in the same directio	n. While negotiating							
the turn from Main St , Unit				ES				
of Unit 1				N WILLOW ST	T) cor we	324		
or ome r			E. MAIN S	T. Z	E, MAIN ST.			
***************************************			ests		No.			
No injuries were repot and the		S	ER PHINY UST	UNIT 2	Is .			
issued a citation for lanes of t	ravel.	HATTAGE			MITOWST			
	######################################				S			
						= _		
	Diameter and the second							
	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED		REPORT TAKEN BY  X POLICE AGENCY		
	6,2,0,2,1,/,1,7,4,9,0				1 / 1 8 1 6	MOTORIST		
TOTAL TIME OTHER TOTA ROADWAY CLOSED INVESTIGATION TIME MINUT			Short. Jason M					
	OFFICER'S BADI		-	KED BY OFFICER'S BADGE NUMBER*  (CORRECTION OF TEAM EXISTING AREAST				
0 0 0 0 0 3 0 0 5	5 2 6 0		2 2	8				

HSY8304 OH1U 1/19 [760-0820]

**LOCAL REPORT NUMBER** 



 $2 \cdot 0 \cdot 2 \cdot 1 \cdot - \cdot 0 \cdot 0 \cdot 0 \cdot 1 \cdot 1 \cdot 4 \cdot 9 \cdot 1$ UNIT # OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE ( SAME AS DRIVER DAMAGE 0 | 2 | MARY ANN DONUT SHOP INC 3 | 3 | 0 | 6 | 0 | 5 | 6 | 4 | 7 | 9 DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 5032 YUKON ST ,CANTON ,OH 44708 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) LP STATE LICENSE PLATE # INDICATE ALL THAT APPLY VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE 1 + F + T + Y + R + 2 + C + M + 0 + K + K + A + 4 + 6 + 2 + 9 + 2O. H. PKK3780 2 | 0 | 1 | 9 Ford INSURANCE POLICY # **INSURANCE COMPANY** INSURANCE VERIFIED COLOR VEHICLE MODEL ECP0311661 **CINCINNATI AUTO INS** WHI TRANSIT TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #BCCUPANTS MATERIAL CLASS # PLACARD ID # INTERLOCK 1 - ≤10K LBS DEVICE HIT/SKIP UNIT 2 - 10,001 - 26K LBS PLACARD 0 1 1 1 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) B - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24-WHEELCHAIR (ANY TYPE) 0 | 5 | 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNITTRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26-BICYCLE BICYCLE 5 - CARGO VAN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) ANIMAL-DRAWN VEHICLE 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) # of TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 0 \_ 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - EUS - CHARTER/TOUR 11 - FIRE 16-FARM 21 - MAIL CARRIER 9 9 2 - TAXI 7 - PHS - INTERCITY 12 - MILITARY 17 - MOWING 99-DTHER/UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER B - POLE 12 - CONCRETE MIXER O 1 CARGO / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY \* 7 - GRAIN/CHIPS/GRAVEL TYPE 11-DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS DEFECTIVE ACCIDENT 6 - TIRE BLOWGUT - NO DAMAGE [ 0 ] - UNDERCARRIAGE [ 14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK 4 - MIDBLOCK - MARKED AT INCIDENT SCENE 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS T-TOP | 13 | □-ALL AREAS [15] ION-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE 1161 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-THRN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE OR LEAVING VEHICLE 14 - ENTERING OR CROSSING 3 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 3 - CHANGING LANES 3 - STRIKING 9 - LEAVING TRAFFIC LANE SPECIFIED LOCATION 19-STANDING 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10 - PARKED JOGGING, PLAYING DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN 99 - UNKNOWN 11-SLOWING OR STOPPED 21 - STANDING OUTSIDE 13-TOP 16-WORKING DISABLED VEHICLE & STRUCK IN TRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWA 9 - OTHER / UNKNOWN 12 - DRIVERLESS 1-NONE 7 - LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 9 9 3-RAN RED LIGHT 14-STOPPED OR PARKED FOUIPMENT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - TWO-WAY ILLEGALLY 2 - SIGNAL 5 - YIELD SIGN 4 - RAN STOP SIGN 19-LOAD SHIFTING/FALLING/ 10-IMPROPER PASSING ROADWAY CONTRIBUTING
CIRCUMSTANCES 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IN PROPER CROSSING # of THROUGH LANES 6 - IMPROPER TURN 12 - IMPROPER BACKING RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED **SEQUENCE OF EVENTS** 2 - INVOLVED-ACTIVE CROSSING 4 **EVENTS** 1 - OVERTURN/ROLLGVER
2 - FIRE/EXP\_OSION 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM TRAVEL 23 - STRUCK BY FALLING, UNIT / NON-MOTORIST DIRECTION 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 19-ANIMAL - OTHER 1 - NORTH 5 - NORTHEAST → 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 3 TO 4 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST EQUIPMENT 44 - DITCH **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52 - BUILDING 46-FENCE 27 - BRIDGE PIER OR ABUTMENT 0 1 2 1 5 1 40 - UTILITY POLE 47 - MAILBOX 53-TUNNEL 2 - CALCULATED / EDR 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED POSTED SPEED 29 - BRIDGE RAIL OR SUPPORT BARRIER 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36-MEDIAN OTHER BARRIER 42 - CULVERT 3 5 J FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

**LOCAL REPORT NUMBER** 

OHIO DET	OHO DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER								
							2.0.2.10.0.0.1.1.4.9.1								
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
0,1	HUNSICKER, BRITTNEY, JEAN							0 1 / 2 3 / 1 9 8 6 3 5 F							
-		STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
0	PORTLAND CV ,Stow ,OH 44224  S INJURED   EMS AGENCY (NAME)   INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY)   SAFETY EQUIPME														
Ž _	TAKEN TAKEN	EMS AGENCY (NAME)		INJUREDI	AKEN TO	3: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-Cos	MPLIANT	N AIR BAG	USAGE EJECTION	N TRAPPED		
OL STATE		LICENSE NUMBER		OFFENS	SE CHA	DOED	LOCAL	OFFENSE DESC	MC HEL	LMET 0 1	_ L				
O, H.				0	JE Gir.	RUED	CODE	Urrense Desi	KIPIIUM		CITATI	ION NUMBER			
	ENDORSEMENT	RESTRICTION SELECT		IVER	ALC	OHOL / DRUG SUSPE	FCTED	CONDITION	ALC	OHOL TEST		DRUG TEST(S	5)		
	SELECT UP TO 2		DIS1 BY	TRACTED		ALCOHOL MAR			STATUS TY				LT SELECT UP TO 4		
4,			<u></u>	_1		THER DRUG		1	1	1	_1	1			
UNIT#	NAME: LAST, F									DATE OF BIRTH		AGE	GENDER		
0,2	STAHL	LER, CRAIG, C							0 3 / 2 6 / 1 9 7 0 5 1 M						
<b>⊋</b> l		LVD ,CANTON .	ОП 4/	470Q					CONTACT PHONE - INCLUDE APEA CODE						
INJURIES		EMS AGENCY (NAME)	UN 44		TAMENTO	0: MEDICAL FACILITY		Learnty Continuent	<u> </u>	Tarattio pageria	1 5 1				
NOX 5	TAKEN BY	Emo Nacino i maner		INJUKEDI	AKENIO	E MEDICAL PACILITY	NAME, CITY2	USED		1-GDMPLIANT		USAGE EJECTION	N TRAPPED		
	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHA	RGED	LOCAL	OFFENSE DESC		MET 0 1	CITATI	ON NUMBER			
OL STATE OL H	:			4511.			CODE	Lanes of				15506			
OL CLASS	ENDORSEMENT SELECTUPTO 2	RESTRICTION SELECT		VER		OHOL / DRUG SUSPE	ECTED	CONDITION	ALC	OHOL TEST	DRUG TEST(S)				
1			BY	TRACTED		ALCOHOL MAR	ANAUUS		STATUS TY		STATUS		LT SELECT UPTO 4		
UNIT#	NAME: LAST, F		<u> </u>		0	THER DRUG		1		L	1	1	_ا_ا		
GHII #	NAME: DASI, F	-IRSI, MIDDEL							l ,	DATE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY, ST	ATF.7[P					- N		CONTACT PHONE - INCLUDE AREA CODE						
ORI	of management of the	R1 L1 2.1							CUNIACI PHUNE - INCLUDE AREA CODE						
INJURIES		EMS AGENCY (NAME)		INJUREDT	AKEN (0	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	A A 10 BAG II	SEASE   EJECTION	N TRAPPED		
	TAKEN BY			5- 525				USEO	DOT-COM	APLIANT	Ain and o	SAUE EJEUTION	IMPLE		
	OPERATOR L	ICENSE NUMBER	-	OFFENS	E CHAF	TOOKE OF LINE BE		OFFENSE DESC	RIPTION		CITATIO	ON NUMBER	<u> </u>		
OL STATE							CODE								
OL CLASS			VER TRACTED	RACTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE S			DRUG TEST(S	S) LT select or id 4			
,	l		BY			LCOHOL MAR	IJUANA								
INJUI		SEATING POSITION	Α	IR BAG		OL CLASS		OL RESTRIC	TION(S)	DRIVER DISTRACT		TEST STA	ATUS		
1 - FATAL 2 - SUSPECTED S	SEDIONS IN HIDV	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPL			1 - CLASS A		1 - ALCOHOL INTERL		1 - NOT DISTRACTED		- NONE GIVEN			
3 - SUSPECTED N		2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE					2 - CDL INTRASTATE 3 - CORRECTIVE LEN	Maria de la Companya	2 - MANUALLY OPERATING ELECTRONIC COMMUNI	ICATION 2	-TEST REFUSED -Test given, coa	NTAMINATED		
	A SECOND LETTEIDE			PLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS  TARDEL GABLE (OHIO = D)				4 - FARM WAIVER		DEVICE (TEXTING, TYP) DIALING)	ING,	SAMPLE / UNUS	SABLE		
	(MOTORCYCLE PASSENGER) 9-D			TAPPLICABLE (UNIO = U)  PLOYMENT UNKNOWN 5 - M& MOPED ONLY			5 - EXCEPT CLASS A 6 - EXCEPT CLASS A		3 - TALKING ON HANDS-FRI COMMUNICATION DEVICE	11	-TEST GIVEN, RES -TEST GIVEN, RES				
SHAFFIRM THE WAY	INJURED TAKEN BY 5-SECOND-MIDDLE 1-NOTTRANSPORTED 6-SECOND-RIGHT SIDE			6 - NO VALID OL			& CLASS B BUS		4 -TALKING ON HAND-HEL COMMUNICATION DEVICE	.D	UNKNOWN				
	/TREATED AT SCENE 7-THIRD - LEFT SIDE (MOTOPCYCLE SIDE CAR)			ECTION OL ENDORSEMENT			8 - INTERMEDIATE I		5 - OTHER ACTIVITY WITH	AN	ALCOHOL TES	ST TYPE			
3-POLICE	9 THIRD MINNIE		1 - NOT EJEC 2 - PARTIALL					RESTRICTIONS 9 - LEARNER'S PERI	MIT	ELECTRONIC DEVICE 6-PASSENGER		- NONE ! - BLOOD			
9-OTHER/UNKN	10 SI FEDED SECTION		3 - TOTALLY E	EJECTED P - PASSENGER				RESTRICTIONS		7 - OTHER DISTRACTION		3 - URINE 4 - BREATH			
SAFETY EQ	SAFETY EQUIPMENT OFTRUCK CAB		4 - NOT APPL	LICABLE N - TANKER  Q - MOTOR SCOOTER			10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTION OUTSIDE		4 - BREATH 5 - OTHER				
1 - NONE USED	2. CHOW DEP RELEGIES ENCLOSED CARGO AREA			APPED R-THREE-WHEEL MOTORCYCLE			12 - LIMITEO - OTHER	R	THE VEHICLE 9-OTHER / UNKNOWN		DRUG TEST TYPE				
RESIDENCE OF CHILDREN	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA		1 - NOTTRAP 2 - EXTRICAT	ED BY T DOUBLE E TRIPLE TRAILERS		13 - MECHANICAL DE (SPECIAL BRAKE	S, HAND			1 - NONE					
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED 5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3			MECHANICAL MEANS		X-TANKER/HAZMAT	AZMAT ADAPTIVE DEVI		(ES) 1 - APPARENTLY NORMAL			2-BLOOD 3-URINE				
FORWARD FACING 13-TRAILING UNIT		NON-MECHANICAL MEANS			OFNIDED		14 - MILITARY VEHICLES	E - / III STORE IN ADMILIT		4-OTHER					
6-CHILD RESTRA	- CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR REAR FACING (NON-TRAILING UNIT)					F-FEMALE	AIR BRAKES		AMERY DISTURBED)		DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 15 - NON-MOTORIST		M - MALE U - OTHER / UNKNOWN								-AMPHETAMINES				
	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED			U - O THER / UNKNOWN				18 - OTHER		FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES			
	(ELBOW, KNEES, ETC.)									6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS		4 - CANNABINOIDS			
11 - LIGHTING - PE	EDESTRIAN									/ALCOHOL 9-OTHER/UNKNOWN		-COCAINE -OPIATES/OPIOID	ns		
The state of the s	/ BICYCLE ONLY 9- OTHER / UNKNOWN									, one and any		7-OTHER			
77 OTHER ORIGINA	IO HIL				110						8	- NEGATIVE RESUI	LTS		

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER							
OCCUPANT / WITHESS MUDENDUM							2,0,2,1,-,0,0,0,1,1,4,9,1,							
	UNIT#	IT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
	, 01	HUNSICKER, LEILINA							1, / ,2 (	1, 7,	0 3	F		
ANT		ESS: STREET, CITY, STATE, ZIP							1 ,0 / 2, 1 / ,2 0 1, 7 , 0 3 F , CONTACT PHONE - INCLUDE AREA CODE					
CCUPAN	5082 PORTLAND CV ,Stow ,OH 44224													
00		INJURED	EMS ABENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR RAG HSAG	FIECTION	TRAPPED		
	. 5	TAKEN				,	USED 0.5	DOT-COMPLIANT	0 . 4 .	1 1	1	1		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE	<del></del>			013	200						
	01	1	SICKER, BRIA	NNA					E OF BIRTH		AGE	GENDER		
FN.		STREET, CITY,		X1 11 12 X	<u> </u>	<u> </u>	<del>.</del>		4 / 2 0		1 2	_F_		
OCCUPAN	5082 1	PORTI	AND CV ,Stov	v OH 442	24			CONTACT PHONE - INCLUDE AREA CODE						
٥٥		INJURED	EMS AGENCY (NAME)	,011 442	INJURED TAKEN TO: MEDICAL FACI	<u> </u>	SEATING POSITION	AIR BAG USAG	LEIFOTION	TRAPPED				
	, 5 ,	TAKEN BY			The state of the s	err tionine, or ir	SAFETY EQUIPMENT USED	DOT-COMPLIANT		1 1	1			
	UNIT#	NAMELIAS	T, FIRST, MIDDLE				0.4					_1_		
		MAINE. DAS	I, FIRST, INTUDEE		DAT	E OF BIRTH		AGE	GENDER					
Ę	ADDRESS:	STREET, CITY,	STATE 710											
CCUPAN		ornee, orr,	orare, en					CONTACT PHONE - INCLUDE AREA CODE						
000	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACIL	(u	SAFETY EQUIPMENT			1	1 1			
	IIII OKILO	TAKEN BY	EINS ABERCY (NAME)		INJURED TAKEN TO: MEDICAL PACI	LITY (NAME, CITY)	USED USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED		
5								- MC HELMET			السا	1		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
Ļ														
CCUPAN	ADDRESS:	RESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
330	INJURIES	THURSE	F140 4						1 1		1			
		TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO; Medical Facil	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
_	الـــــــا		RIES	CAFETY	FOULDMENT HOER			MC HELMET						
ı	1 - FATA		TRIES	1 - NONE US	EQUIPMENT USED	1000778450	SEATING POS	ITION		AIR BAG U	SAGE			
			PIOUS IN HIRV		OCCUPANT	1 - FRONT - LEFT SIDE 1 - NOT DEPLOYED (MOTORCYCLE DRIVER)								
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 2 - SHOULD				2 - SHOULDE	R BELT ONLY USED			- DEPLOYED FRONT - DEPLOYED SIDE						
	4 - POSSIBLE INJURY 3 - LAP BELT (				ONLY USED		T – RIGHT SIDE ND – LEFT SIDE		4 - DEPLOY					
5 - NO APPARENT INJURY 4 - SHOULDER				R & LAP BELT USED	The second second	ORCYCLE PASS								
ELECTRIC DATE OF THE PARTY OF T				STRAINT SYSTEM – FACING	5 - SECO	5 - NOT APPLICABLE								
					D FACING 6 - SECOND = RIGHT SIE ESTRAINT SYSTEM = 7 - THIRD = LEFT SIDE			9 - DEPLOYMENT UNKNOWN						
/TREATED AT SCENE REAR FA										CAR) EJECTION				
2 - EMS 7 - B00STE			7 - BOOSTER	SEAT		1 NOT EJ	ECTED							
				8 - HELMET	USED		) – RIGHT SIDE PER SECTION (		2 - PARTIA	LLY EJECT	ED			
				IVE PADS USED	11 - PASS	ENGER IN OTH	ER ENCLOSED							
GENDER  (ELBOW, KNEES, ETC.)  CARGO AREA (NON-T  10 - REFLECTIVE CLOTHING  BUS, PICK-UP WITH CA														
F - FEMALE 11 - LIGHTING - PEDESTRIAN 12 - PAS					12 - PASS	12 - PASSENGER IN UNENCLOSED TRAP				D				
U - OTHER / UNKNOWN			/ BICYCLE	13 - TRAILING LINIT			1 - NOTTRAPPED							
99 - OTHER /			INKNOWN	10WN 14 - RIDING ON VEHICLE			EXTERIOR 2 - EXTRICATED BY MECHAN MEANS			AL				
				(NON-1 15 - NON-1	RAILING UNIT)		3 - FREED BY NON-MEC			HANICAL				
							R / UNKNOWN		MEANS		CHARLO			
ì	NAME: LAS	T, FIRST, MIDDI	LE					DAT	E OF BIRTH	4.0	AGE	GENDER		
ESS								1 (	1/, ,					
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
S	NAME: LAS	T, FIRST, MIDDI	E					DATI	OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, 71P							CONTACT PHONE - INCLUDE AREA CODE							
5										1	<u> </u>			
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
₹	.wontedd;	Janeel, GITT,	PIRIC LIF					CONTACT PHONE	- INCLUDE AREA COD	E				