OHIO DEPARTMENT TRAFFIC CRASH	L	OCAL REPORT NUMBER	*							
PHOTOS TAKEN OH-2 OH-3	2,0,2,1,-,0,0,0,1,7,2,2,5									
SECONDARY CRASH	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERRO							
PRIVATE PROPERTY	The state of the s	0 6 7 0 3	1-SOLVED 0,1 98-A							
COUNTY* LOCALITY* LOCATION: CITY 1 - CITY 2 - VILLAGE Kont		CRASH DATE / TIME * CRASH SEVERITY 1 - FATAL								
3-TOWNSHIP	11011612101211/101310131 5 2-SERIOUS INJURY									
S - SOUTH	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECI	IMAL DEGREES	SUSPECTED					
	ERIE	ST	41,15,2		- MINOR INJURY SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH S - SOUTH L E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DEC		- INJURY POSSIBLE					
	DEPEYSTER	ST	-8 ₁ 1 ₁₀ 3 ₁ 5 ₁ 6 ₁	3 0 0	PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE 1 - INTERSECTION IR - IN	ROUTE TYPE ROAD TYPE INTERSTATE ROUTE(TP) AL -ALLEY HW-HIGHWAY	DD DOAD	_	NTERSECTION RELATE)					
1 2-MILE POST 3 S-SOUTH US-	FEDERAL US ROUTE AV - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	X WITHIN INTER	SECTION OR ON APPROA	СН					
3-HOUSE # E-EAST W-WEST SR-	STATE ROUTE BL - BOULEVARD MP - MILEPOST CR - CIRCLE OV - OVAL	ST - STREET	WITHIN INTER	CHANGE AREA NUM	BER OF APPROACHES					
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY	TE - TERRACE TL - TRAIL	ROADWAY							
1 0 2-FEET	NUMBERED TOWNSHIP DR - DRIVE PI - PIKE	WA - WAY	ROADWAY DIVIDED							
LOCATION OF FIRST HARMFUL EVEN	HE - HEIGHTS PL - PLACE			1						
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT COLLISION 4 - REAR-TO-REA		DIRECTION OF TRAVEL N - NORTH	1 - DIVIDED E	NTYPE LUSH MEDIAN					
0 4 2-ON SHOULDER 10-DRIVEWAY/ 3-IN MEDIAN 11-RAILWAY G	TWO MOTOR		S-SOUTH	(<4 FEET)					
4 - ON ROADSIDE 12 - SHARED US	SE PATHS OR TRANSPORT 7 - SIDESWIPE, SA		E - EAST W - WEST	(≥4 FEET						
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE	1 3-0EAD-ON 7-018EK/UNKN			1	PEPRESSED MEDIAN					
7 - ON RAMP 14-TOLL BOOTS 8 - OFF RAMP 99-OTHER/UN				(ANY TYPE						
J-011 KAMI			CONTOUR							
	LANE CLOSURE 1 - BEFORE THE 1S		CONDITIONS 2	SURFACE 2						
3.1	LANE SHIFT/CROSSOVER WARNING SIGN WORK ON SHOULDER 2 - ADVANCE WARN	ADVANCE WASHING ASSA								
LAW ENFORCEMENT PRESENT	OR MEDIAN 3-TRANSITION AR			2-WET	1 - CONCRETE 2 - BLACKTOP,					
I I tomore and an income	INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA OTHER 5 - TERMINATION A	ACTIVITY AREA TERMINATION AREA 3 - CURVE LEVEL 3 - SNOW ASPH								
LIGHT CONDITION	WEATHER			4 - ICE	3 - BRICK/BLOCK					
1 - DAYLIGHT	1-CLEAR 6-SNOW		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, STONE							
3 - DARK - LIGHTED ROADWAY	2-CLOUDY 7-SEVERE CROSSWINDS 3-FOG, SMOG, SMOKE B-BLOWING SAND, SOIL, DII	I S THE STATE OF T								
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN 9 - FREEZING RAIN OR FREE	NG RAIN OR FREEZING DRIZZLE 7 - SLUSH								
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE					Indicate the north					
Unit #1 was parked in front of	Barflyy It drove FR				direction with an "N" on the					
across S Depeyster St, and it of					compass diagram.					
side of the roadway. Unit #1										
post, and a raised stone block										
	<u> </u>		1 .	ı						
operator was arrested for OV	1. The vehicle was	icale		•						
disabled. It was towed by City Service.										
		Barflyy	•							
-1044-14-16-1				EXCEPTION TO THE						
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY										
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$6_{1}2_{1}0_{1}2_{1}1_{1}/_{1}0_{1}3_{1}0_{1}4_{1}$ $1_{1}0_{1}1_{1}6_{1}2_{1}0_{1}2_{1}1_{1}/_{1}$	0,3,0,6,,1	1011612101211	./.U.3.1.9.L ==	POLICE AGENCY					
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTI	OFFICER'S NAME*	CHECKED BY OFFI	CER'S NAME*		MOTORIST					
MINUIT	Oldham, Peter Drake OFFICER'S BADGE NUMBER*	Velson, Jo	(CORRECTION OR ADDIT							
0 3 0 0 3 0 0 4		2 3	Y OFFICER'S BADGE NU	JIMBER"	TO AM EXISTING REPORT SENT TO COPS)					

2,0,2,1,-,0,0,0,1,7,2,2,5,

UNIT#					NE: INCLUDE A	AREA CODE (SAME AS DRIVER)	DAMAGE				
0 1				L		<u> 1</u>	DAMAGE SCALE				
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 800 HAMPSHIRE RD ,Stow ,OH 44224							4 1 - NONE 2 - MINORE	3 - FUNCTIONAL DAMAGE			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE							Z-WINUK L	DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN			
					L I I	1	DAMAGED AREA(S)				
LP STATE	LICENSE PLATE #	VEHIC	LE IDENTIFICATION #	VEHIO	CLE YEAR	VEHICLE MAKE		ICATE ALL THAT APPLY			
OLH	JMJ7156	2 T 3 D K 4	D V 8 A W 0 2 6	0 V 8 A W 0 2 6 3 8 3 2 2 0 1 1 0 Toyota				12			
X INSURA	NCE INSURANCE COM	PANY	INSURANCE POLICY #	C	OLOR	VEHICLE MODEL	1 2	11 12 1			
VERIFI			937126860	WHI	[RAV 4	10 11 1	2 10 11 1 2			
COMME	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	City Servi		ME	10 2 -	10.000.2			
COMMC	WOINE GOVERNMENT	- 1	VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL		9 9 3	3 9 9 3			
INTER		#UCCUPANIS	1 - ≤10K LBS.	MATER RELEA	RIAL CLAS	SS# PLACARD ID#	7 5 7	7 5 7			
EQUIP	PED MINISKII OKI	' 10 1	2 - 10,001 - 26K LBS 3 - >26K LBS.	PLACA		11 1 1 1 1		12			
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED		18-LIMO (LIVERY VEH	IICLE) 23	- PEDESTRIAN / SKATER	6	11 12 6			
0 1		8 - MOTORCYCLE 3-WHEELED	13-SNOWMOBILE	19-BUS (16+ PASSENG		-WHEELCHAIR (ANY TYPE)	10 /	11 1 2			
UNIT TYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14-SINGLE UNIT TRUCK	20 - OTHER VEHICLE		-OTHER NON-MOTORIST	<i> </i> -	10 2			
	5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	21 - HEAVY EQUIPMEN 22 - ANIMAL WITH RIDI		-BICYCLE -Train	9	_ 0 11 43			
	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	17 - MOTORHOME	ANIMAL-DRAWN VI		- I KAIN - UNKNOWN OR HIT/SKIP		7 5 7			
	# OFTRAILING UNITS	(ATV / UTV)						6			
		TONONOUS	A MANUTANATAN				11 12	5 11 1			
2	WAS VEHICLE OPERATING IN ALL MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	OMATION 9 -	UNKNOWN	10 12	2 10 12 , 2				
2	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOU	A DIRTIN INTANIAN	4 - HIGH AUTOMATION 5 - FULL AUTOMATION			10 2	10 2			
		MODE LEVEL	·		_		9 9 3	3 9 9 3			
0 1	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11-FIRE 12-MILITARY	16-FARM		-MAIL CARRIER	8 4 5				
O 1 SPECIAL	3 - ELECTRONIC RIDE SHARING			17 - MOWING 18 - SNOW REMOVAL	99 -	-OTHER/UNKNOWN	8				
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14-PUBLIC UTILITY	19-TOWING			7 6 5	7 6			
	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15-CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE P	PATROL						
	1 - NO CARGO BODY TYPE		R 5 - INTERMODAL CONTAINER	B - POLE	12-	-CONCRETE MIXER		12 12 12			
CARGO	/ NOT APPLICABLE 2 - BUS	MOTORVEHICLE		9 - CARGO TANK	13 -	-AUTO TRANSPORTER	12 0 0				
BODY	2 - 003	4 - LOGGING	7 Chatterningschauer	10-FLAT BED		-GARBAGE/REFUSE	, R A 39.	9 25 3 9 1 3 9 🚷 3			
TYPE			T GUNTAGUE GIGHT GE	11-DUMP	99-	OTHER/UNKNOWN	0				
	1 - TURN SIGNALS	4 - BRAKES		9 - MOTORTROUBLE		OTHER / UNKNOWN	6	© 00			
DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PI ACCIDENT	RIOR			6 6 6			
							- NO DAMAGE	[0] X - UNDERCARRIAGE [14]			
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER		9 - MEDIAN/CROSSING		FIRST RESPONDER AT INCIDENT SCENE		_			
NON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK – MARKED CROSSWALK		10 - DRIVEWAY ACCESS 11 - SHARED USE PATH:		OTHER/UNKNOWN	☐-TOP [13]	- ALL AREAS [15]			
LOCATION AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATI		TRAILS	3 011		רוע - □	NIT NOT AT SCENE [16]			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CU	RVE 18-	APPROACHING					
. 3 .	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROS	SSING	OR LEAVING VEHICLE	ITINI MAD ON - O	IAL POINT OF CONTACT			
ACTION	3-STRIKING UII	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	SPECIFIED LOCATION 15 - WALKING, RUNNING		STANDING OTHER NON-MOTORIST		AGE 14 - UNDERCARRIAGE R TO UNIT 15 - VEHICLE NOT AT SCENE			
ACTION	5 - BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED 11 - Slowing or Stopped	JOGGING, PLAYING		STANDING OUTSIDE	1 2 1-12 - REFE	RAM 99 - UNKNOWN			
	\$ CTRUCK	6 - MAKING LEFT TURN	IN TRAFFIC	16-WORKING		DISABLED VEHICLE	13 - TOP				
	9 - OTHER / UNKNOWN		12-DRIVERLESS	17 - PUSHING VEHICLE	99 -	OTHER / UNKNOWN		TRAFFIC			
		7 - LEFT OF CENTER	DARKED DOCITION	17 - VISION OBSTRUCTION		LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
		8-FOLLOWING TOO CLOSE / AC 9-IMPROPER LANE CHANGE	DA PARKED POSITION 14-STOPPED OR PARKED	18 - OPERATING DEFECT EQUIPMENT		NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
$\lfloor 1, 1 \rfloor$	4 - RAN STOP SIGN	9-IMPROPER LANE CHANGE 10-IMPROPER PASSING	ILLEGALLY	19 - LOAD SHIFTING/FAI		OPENING DOOR INTO ROADWAY	2 2 - TWO-WAY	4 2 - SIGNAL 5 - YIELD SIGN			
CONTRIBUTING CIRCUMSTANCES		11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING	99 -	OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
	6-IMPROPERTURN	12-IMPROPER BACKING	AG- HINDING HAT	20 - IN PROPER CROSSI	NL		# OF THROUGH LANES	RAIL GRADE CROSSING			
SEQUENCE	OF EVENTS						ON ROAD	1 - NOT INVOLVED			
	1 - OVERTURN/ROLLCVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22	WORK ZONE MAINTENANCE	1	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
1_0_9_		7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL — FARM		EQUIPMENT					
2 7		B - RAN OFF ROAD RIGHT	TRAVEL	18-ANIMAL — JEER		STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / NO	ON-MOTORIST DIRECTION			
2 3 7		9 - RAN OFF ROAD LEFT	13 OTHER MON COLLISION	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN		ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
5 . 4	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN	TRANSPORT	24-	BY A MOTOR VEHICLE OTHER MOVABLE OBJECT	FROM 4 TO	3 3 - EAST 7 - SOUTHEAST			
15-PEDALUTULE 21-PARKED MOTOR VEHICLE 4- WEST 8- SOU											
		31 - GUARDRAIL END	ON WITH FIXED OBJECT 37-TRAFFIC SIGN POST	- STRUCK 43-CURB	50-	WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
4	/ CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH		EQUIPMENT	UNIT SPEED	DETECTED SPEED			
	STRUCTURE	33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES		45 - EMBANKMENT		WALL BUILDING		- STATED / ESTIMATED SPEED			
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 11711 (7)(00) 5	46 - FENCE 47 - Mailbox		TUNNEL		2 - CALCULATED / EDR			
61 , .	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE	48 - TREE	54 -	OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED			
		36 - MEDIAN OTHER BARRIER	OR SUPPORT 42 - CULVERT	49-FIRE HYDRANT	99 -	OTHER / UNKNOWN	. 93120 37220	WITH THE PROPERTY OF THE PROPE			
1	FIRST HARMFUL EVEN	3	HARMFUL EVENT				2 5				
	UL ETEN	mvall	HOWARD OF EASTED			J		1			

OHIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
								2,0,2,1,-,0,0,0,1,7,2,2,5,						
UNIT# NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0 1 MURRAY, BRIANNA, LEE ADDRESS: STREET, CITY, STATE, ZIP								0 3 / 3 0 / 2 0 0 0 2 1 F						
766 CROUSE ST ,Akron ,OH 44306 INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O O								CONTACT	PHONE - INCLUDE AREA	CODE		-		
INJURIES	S INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED								DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
	BY							9_9	MC HELMET 0 1		11	1 1 1		
OL STATE	OPERATOR	LICENSE NUMBER		1	CODE			OFFENSE DESC				CITATION NUMBER		
O H				331.34			Failure to				23543			
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIS	TRACTED X ALCOHOL MARLUANA		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
4 ,	, ,,], , ,, , ,,	BY	9		THER DRUG	KIJUANA	6	4	4 1 9 6	1	1		
UNIT #	NAME: LAST,	FIRST, MIDDLE				-		1		DATE OF BIRTH		AGE	GENDER	
										/ / .		AVE	GENDER	
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA	CODE		ــــــا	
ADDRESS:										THE MESSERIES				
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITI	ON AIR BAG	USAGE EJECTION	N TRAPPED	
Ž	TAKEN BY							USED	DOT-Co	MPLIANT		AIR BAG GOAGE EXECUTOR TRAFFED		
OL STATE	OPERATOR I	LICENSE NUMBER	-	OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ION NUMBER		
108							CODE							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALC	OHOL / DRUG SUSP	ECTED	CONDITION		OHOL TEST	CTATUC	DRUG TEST(S		
			BY	INACIED			RLIUANA		Jaikius II	TPE VALUE	STATUS	TIPE RESUL	LT SELECT UPTO 4	
UNIT #	MARK LIGH	J	<u> </u>		0	THER DRUG					السيا		الا	
ONII *	NAME: LASI,	FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
ADDRESS	STREET, CITY, S	TATE 210												
ND WDDWESS	STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED	EMS AGENCY (NAME)		LINTUDENT	TAKEN TO	MEDICAL FACILITY		SAFETY EQUIPMENT		05451110 040151	<u> </u>			
INJURIES ADDRESS:	TAKEN BY	LING AGENT (NAME)		INJURED	IAKEN IU	MEDICAL PACILITY	(NAME, CLTY)	USED	DOT-Co		ON AIR BAG (USAGE EJECTION	N TRAPPED	
OL STATE	OPERATOR I	LICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DESC					CITATI	ON NUMBER	1			
TORI							01727020200			OTIAL	ON NOMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALC	OHOL / DRUG SUSPI	ECTED	CONDITION		OHOLTEST		DRUG TEST(S	S)	
	SELECT UP 102		BY	TRACTED	A	LCOHOL MAI	RIJUANA		STATUS	/PE VALUE	STATUS	TYPE RESUL	LT SELECT UP ID 4	
	L				0.	THER DRUG				_ •	ا لــــــــا		الال_	
1-FATAL	RIES	1-FRONT-LEFT SIDE	A 1 - NOT DEP	IR BAG	Mains	OL CLASS	S MIGESTANA	OL RESTRIC 1-ALCOHOLINTER	and the second	DRIVER DISTRACTED	THE RESERVE OF THE PERSON NAMED IN	TEST ST	ATUS	
Carlotte Delega	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYE					DL INTRASTATE ONLY 2 - MANUALLY OPERATING AN 2			1 - NONE GIVEN 2 - TEST REFUSED			
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE	SECTION OF THE PROPERTY OF THE PARTY OF THE PARTY.			3 - CORRECTIVE LE	DEVICE (TEXTING, TYPING, CAMPI			3 - TEST GIVEN, CO			
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	5 - NOT APP	/ED BOTH FRONT / SIDE 4 - REGULAR CLASS PLICABLE (OHIO = D)			4 - FARM WAIVER	UIALING)			SAMPLE / UNUS 4 - TEST GIVEN, RE	Contract District		
(MOTORCYCLE PASSENGER)			MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLASS				SSA COMMUNICATION DEVICE 5 - TEST GIVE.							
1- NOT TRANSP		6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	P.TPAII FO	4 - TALKING ON HAND-H COMMUNICATION DE	VICE			
/TREATED AT	T SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	AND DESCRIPTION OF THE PERSON NAMED IN	ECTION	No Francis	OL ENDORSE	MENT	8 - INTERMEDIATE		5 - OTHER ACTIVITY WIT	HAN ,	ALCOHOL TE 1-NONE	STTYPE	
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	2 - NOT EJEC 2 - PARTIALI			H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	MIT	6 - PASSENGER	The second second	2 - BLOOD		
9-OTHER/UNK	NOWN	9-THIRD - RIGHT SIDE	3-TOTALLY	N. C. Control		P - PASSENGER		RESTRICTIONS	nu t	7 - OTHER DISTRACTION		3 - URINE		
SAFFTY F	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPI	LICABLE		N - TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICLE 8 - OTHER DISTRACTION	DHEADS WE	4 - BREATH 5 - OTHER		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	TF	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TODOVOLE	12 - LIMITED - OTHE		THE VEHICLE	0013105			
2 - SHOULDER B		(NON-TRAILING UNIT, BUS,	1 - NOTTRAI			S - SCHOOL BUS	TONOTOLL	13 - MECHANICAL DE		9 - OTHER / UNKNOWN		DRUG TEST	TTYPE	
		2 - EXTRICA MECHAN				(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION 2-BLOOD						
5-CHILD RESTRAINT SYSTEM - CARGO AREA 3-		3 - FREED B	BY X-TANKER/HAZMAT			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL 3 - URINE 2 - PHY SICAL IMPAIRMENT 4 - OTHER						
FORWARD FA		13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR	HOMHMEL		LAITJ	GENDER		15 - MOTOR VEHICLE		3 - EMOTIONAL (E.G. DEP	RESSED	4 - OTHER		
REAR FACING	G	(NON-TRAILING UNIT)				F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANCRY DISTURBED) 4- ILLNESS		DRUG TEST R	THE RESERVED	
7 - 800STER SE 8 - HELMET USI		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTE		1 - AMPHETAMINE: 2 - BARBITURATES		
9- PROTECTIVE	PADS USED							18-OTHER		FATIGUED, ETC. 6- UNDER THE INFLUEN	Service of	3 - BENZODIAZEPIN	£400 - 7.075 ille	
(ELBOW, KNE 10 - REFLECTIVE										OF MEDICATIONS / DR	UGS 4	4 - CANNABINOIDS		
11 - LIGHTING - F	PEDESTRIAN									/ALCOHOL 9-OTHER/UNKNOWN		5 - COCAINE 6 - OPIATES / OPIOI	IDS	
/ BICYCLE ON 99 - OTHER / UNK												7-OTHER		
//- VIREK/ UNK	ALLE PART										THE PERSON NAMED IN	R MECATIVE DECI	2711	



LOCAL REPORT NUMBER

2 0 2 1 - 0 0 0 1 7 2 2 5

Update: There was a black electrical box near the flower bed that was extremely damaged in the crash. Photos were taken of the damage.

Ofc. D. Oldham #218