PROTECTIONAL	OHIO DEPARTMENT TRAFFIC CRA	ASH RE	PORT *DENOT	ES MANDATORY FI	ELD FOR SUPPLEM	ENT REPORT		OCAL REPORT NUMB	ER*			
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DETERMINE CHAPTER THE ADMINISTRATION OF THE	☐ OH-1P ☐ C			NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
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SOUTH THE CONTROL OF THE STANDARD AND SAME (PREAD, NILE PORT, HOUSE 6)  SOUTH TYPE  SOUTH TYPE  1 - INDIRECTION  2 - SULPH SERVER REPORTED AND AND AND SAME (PREAD, NILE PORT, HOUSE 6)  SOUTH TYPE  1 - INDIRECTION  1 - INDIRECTION  1 - INDIRECTION  2 - SULPH SERVER REPORTED AND AND AND AND AND AND AND AND AND AN	3-10WNSHIP							1416 5				
THE PROPERTY TO SHOULD SHOW THE PROPERTY OF T	2-						TIMAL DEGREES	SUSPECTED				
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REFERENCE POLITY  REPRENCE POLITY  REPRE	2-	SOUTH		ROAD, MILEPOST, H	OUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES				
1. INTERSECTION   The Control of		WEST HL	AYMAKER			PK	-81,365					
1 2-SHLEPSOT 2 - 2-SOUTH 3 - HOUSE 9 - 2-SEAST 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 - INTERSECTION FROM REFERENCE	IR - INT			D POAD	67						
BISTANCE PAGE REPORTED BY A PAGE OF THE PA	1 2-MILE POST 2 2 SOUTH			AV - AVENUE	LA - LANE S		WITHIN INTERSECTION OR ON APPROACH					
THE ACTIVE SCHOOL ZORE    The Number of Downship   Colored   Color	4 - WEST					WITHIN INTERCHANGE AREA NUMBER OF APPROACHE						
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LOCATION OF FIRST HARMFUL EVENT  1 - DO ROADWAY  9 - CROSSOVER  1 - NOT COLUSION 4 - REAR TO REAR TO .  1 - ON ROADWAY  9 - CROSSOVER 1 - NOT COLUSION 4 - REAR TO REAR TO .  1 - NOT ROADWAY  1 - DO ROADWAY  2 - DO ROADWAY  1 - DO ROADWAY  1 - DO ROADWAY  2 - DO ROADWAY  2 - DO ROADWAY  2 - DO ROADWAY  3 - DO ROADWAY  4 - WEST OF REAR DO ROADWAY  1 - DO ROADWAY  2 - DO ROADWAY  2 - DO ROADWAY  2 - DO ROADWAY  3 - DO ROADWAY  4 - WEST OR RELATED  1 - LANE COLUSINE  2 - LANE COLUSINE  2 - LANE COLUSINE  2 - LANE SHIFTEROSSOVER  3 - NORK ZOB SHOULDER  4 - MERINATION OF RASH IN WORK ZONE  1 - LANE COLUSINE  2 - LANE SHIPTEROSSOVER  3 - SHEAD ON  4 - MERINATION OF RASH IN WORK ZONE  4 - MERINATION OF RASH IN WORK ZONE  1 - STRAINGT GRAZE  4 - WEST OF MERINATION OF RASH IN WORK ZONE  1 - STRAINGT GRAZE  4 - LIGHT CANDITION  1 - CALER 6 - SHOW  WEATHER  1 - DO ROADWAY  1 - DO ROADWAY NOT LIGHTED  3 - DO ROADWAY  1 - DO ROADWAY NOT LIGHTED  3 - DO ROADWAY  1 - DO ROADWAY NOT LIGHTED  4 - SHOW OF RASH IN WORK ZONE  2 - SHARINGT GRAZE  4 - SHOW  WEATHER  1 - DO ROADWAY  1 - DO ROADWAY NOT LIGHTED  3 - DO ROADWAY  1 - DO ROADWAY NOT LIGHTED  3 - DO ROADWAY  1 - DO ROADWAY NOT LIGHTED  3 - DO ROADWAY  1 - DO ROADWAY NOT LIGHTED  3 - DO ROADWAY  1 - DO ROADWAY NOT LIGHTED  3 - DO ROADWAY  4 - DORK ROADWAY NOT LIGHTED  4 - SHOW OF ROADWAY  4 - DORK ROADWAY NOT LIGHTED  5 - DO ROADWAY NOT LIGHTED  5 - DO ROADWAY  1 - DO ROADWAY NOT LIGHTED  5 - DO ROADWAY  1 - DO ROADWAY NOT LIGHTED  5 - DO ROADWAY  1 - DO ROADWAY  2 - SHARINGTON  3 - SHARINGTON  3 - SHARINGTON  4 - SHARINGTON  3 - SHARINGTON  4 - DORK ROADWAY  4 - DORK ROADWAY  4 - DORK ROADWAY  5 - FOR SMOR, SMO	5 2-FEET	ROU				VA - WAY	ROADWAY DIVIDED					
1NO RADAWAY 9-CROSSOVER 1RAILWAY GRADE CROSSING 1RAILWAY GRADE C						rT.	DIDECTION WOULD					
1 SANCHUM  1 PALLING CRABLE CROSSING  4 ON ROADSIDE  5 ON GORE  TRAILS  4 ON ROADSIDE  1 PARABE DUE PATHO OR  TRAILS  5 ON GORE  TRAILS  6 ON GORE  TRAILS  6 ON GORE  TRAILS  1 TOLL BOOTH  1 TOL	1 - ON ROADWAY 9 - CR	DSSOVER		NOT COLLISION 4	- REAR-TO-REAR							
4-ON ROADSIDE 12-SHARE USE PATHS OR TRAILS 2-READED 6-OUTSIDE RAFFICWAY 13-BINK LANE 2-READED 6-OUTSIDE TRAFFICWAY 13-BINK LANE 3-HEAD-DN 9-OTHER JUNKNOWN 9-OT				TWO MOTOR			2-SOUTH	(<4 FE	ET)			
A-OUTSIDE TRAFFIC MAY 13-BIRE LANE 7-OR RAMP 9-OTHER / UNKNOWN 9-OTHER / UNKNOWN 9-OTHER / UNKNOWN  WORK ZONE RELATED WORK ZONE TYPE 1-LANE CLOSURE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK KIND STORE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK KIND STORE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK KIND STORE 1-LOW CRASH IN WORK ZONE WARNING SIGN 2-STRAIGHT GRADE 2-STRAIGHT GRADE 2-STRAIGHT GRADE 3-TRANSITION AREA 3-TRANSITION AREA 3-TRANSITION AREA 4-CITYLTY AREA 3-TRANSITION AREA 4-CITYLTY AREA 3-CURVE LEVEL 3-STRAIGHT GRADE 4-DATE CROMBUTION 1-DAVILGHT 1-OLANIO STORE 1-OLANIO				TRANSPORT	7 - SIDESWIPE, SAMI			( ≥4 FE	ET)			
WORK ZONE RELATED   1 LANE CLOSURE   1 GEFORE THE 1ST WORK ZONE   2 LANE SHIFT/CROSSOVER   2 LANE SHIFT/CROSSOVER   3 WORK YONE SHOW SHIFT/CROSSOVER   2 LANE SHIFT/CROSSOVER   3 WORK YONE SHOW SHOULDER   General SHIPT/CROSSOVER   3 SHOW SHOULDER   3 SHOW SHOW SHOULDER   3 SHOW SHO	6 - OUTSIDE TRAFFIC WAY 13-BII	KE LANE						4 - DIVIDE	, RAISED MEDIAN			
WORK ZONE RELATED  WORK ZONE TYPE  1-LANE CLOSUNG  2-LANE CLOSUNG  2-LANE CLOSUNG  MORK ON SHOULDER  REMEDIAN  4-NORKON SHOULDER  REMEDIAN  4-NORKEDANE  5-NORKEDANE  4-NORKEDANE  4-NORKEDANE  4-NORKEDANE  4-NORKEDANE  4-NORKEDANE  4-NORKEDANE  4-NORKEDANE  4-NORKEDANE  4-NORKEDANE  5-NORKEDANE  4-NORKEDANE  4-NORKEDANE  5-NORKEDANE  4-NORKEDANE  5-NORKEDANE  5-NORKEDANE  4-NORKEDANE  5-NORKEDANE  5-NORKEDA	7 - OH KAIMI		own									
LANK ELOSURE   2- LANK ELOSURE   2- LANK ELOSURE   2- LANK ESHIFTEROSSOVER   3- MORK OR SHOULDER   4- ACTIVITY AREA   3- ACTIVITY AREA   4- ACTIVITY AREA   3- STRAIGHT LEVEL   2- STRAIGHT LEVEL   2- STRAIGHT GRADE   2- WET   2- BLACKTOP   3- SHOW   4- ICR   3- SHOW   4- ICR   3- SHOW   4- ICR   3- SHOW   4- ICR   5- SAND, MUD, DIRT   5- SAND, MUD, DIRT   5- SAND, MUD, DIRT   6- WATER ISTANDING, MORTAL   6- WATER ISTANDING, MORTAL   7- SUUSH   7- SLUSH   9- OTHERUNKNOWN   9- OT		W	ORK ZONE TYPE	LOCATIO	N OF CRASH IN WO	DK 70NE	CONTOUR	CONDITIONS	SUDFACE			
LAW ENFORCEMENT PRESENT   2-LANK SINIFULOSOVER   3-WORK ON SHOULDER ON REDOWN   3-WORK ON SHOULDER ON REPEATED ON SHOULDER ON STOW STOW   3-WORK ON SHOULDER ON SHOULDE		1-LAN	E CLOSURE		BEFORE THE 1ST							
OR MEDIAN    ACTIVE SCHOOL ZONE				2 -		IG AREA						
LIBHT CONDITION  LIGHT CONDITION  1 - DAYLIGHT  1 - CALEAR  1 - CLEVE GROSS  1 - CHAVE GROSS  4 - ICE  9 - OTHERUNKNOWN  5 - SAND, MUD, DIRT, OLIGARYEL  5 - SAND, MUD, DIRT, OLIGARYEL  1 - CLEAR  6 - SNOW  4 - DARK - RODWAY NOT LIGHTED  5 - DARK - UNKNOWN ROADWAY LIGHTING  9 - OTHER / UNKNOWN  4 - DARK - RODWAY NOT LIGHTED  5 - DARK - UNKNOWN ROADWAY LIGHTING  9 - OTHER / UNKNOWN  4 - RAIN  5 - SLEET, HAIL  9 - OTHER / UNKNOWN  7 - SLUSH  5 - SLEET, HAIL  9 - OTHER / UNKNOWN  9 - OTHER / UNKNOWN  1 - DARK - RODWAY NOT LIGHTED  5 - DARK - UNKNOWN  1 - SLUSH  6 - SNOW  7 - SEVERE CROSSWINDS  7 - SLUSH  6 - WATER STANDING, MOVING  7 - SLUSH  9 - OTHERUNKNOWN  9 - OTHERUNKNOWN  1 - DARK - UNKNOWN  2 - DARK - UNKNOWN  1 - DARK - UNKNOWN  1 - DARK - UNKNOWN  1 - DARK - UNKNOWN  2 - DARK - UNKNOWN  3 - DARK - UNKNOWN  5 - DARK - UNKNOWN  7 - DARK - UNKNOWN  5 - DARK - UNKNOWN  5 - DARK - UNKNOWN  5 - DARK - UNKNOWN  7 - DARK - UNKNOWN  7 - DARK - UNKNOWN  7 - DARK - UN	LAW ENFORCEMENT PRESENT	OR N	JEDIAN				I I	2 - WET	2 - BLACKTOP,			
LIGHT CONDITION  1 - DAYLIGHT  1 - CLEAR  7 - SEVERE CROSSWINDS  3 - POR. SMOS, SMOS. 88 - 3LOWING SAND, SOIL, DIRT, SNOW 4 - BAIK. RADDWAY NOT LIGHTED 5 - DARK - UNKNOWN  4 - DAIK. RADDWAY NOT LIGHTED 5 - DARK - UNKNOWN  5 - SLEET, HAIL  9 - OTHER / UNKNOWN  1 - DAKE. RADDWAY NOT LIGHTED 5 - DARK - UNKNOWN  1 - DAKE. RADDWAY NOT LIGHTED 5 - DARK - UNKNOWN  1 - DAKE. RADDWAY NOT LIGHTED 5 - SLEET, HAIL  9 - OTHER / UNKNOWN  1 - SLUEN 5 - SLEET, HAIL  9 - OTHER / UNKNOWN  1 - SLUEN 5 - SLEET, HAIL  9 - OTHER / UNKNOWN  1 - SLUEN 5 - SHLORD, UNKNOWN  1 - CHEARLE RADDWAY 4 - SAND, MUD, DIRT, SNOW 4 - SAND, MOD, SOIL, DIRT, SNOW 4 - SAND, SOIL, DIRT, SNOW 4 - SAND, SOIL, DIRT, SNOW 4 - SAND, SOIL, DIRT, SNOW 5 - SLEET, HAIL 5 - DIRT 6 - WATER LAND, STADLE 5 - DIRT 7 - SLUEN 6 - WATER	ACTIVE SCHOOL ZONE					EA	I					
1 - DAYLIGHT 1 - DAYLIGHT 2 - DAWNOWS 3 - DARK - DISMONDISK 4 - DARK - ROADWAY OF LIGHTED 5 - DARK - DISMONDISK 9 - OTHER / JUNKNOWN  A DARK - DISMONDISK 9 - OTHER / JUNKNOWN  A DARK - DISMONDISK 9 - OTHER / JUNKNOWN  A RAIN 1 - SEVERE CROSSWINDS  A RAIN 1 - SLUSH 9 - OTHER / JUNKNOWN  A RAIN 1 - SUSH 1 - CHECKED W OFFICER'S NAME*  A CALLOR 1 - SUSH 1 - CHECKED W OFFICER'S NAME*  A CALLOR 1 - SUSH 1 - CHECKED W OFFICER'S NAME*  A CALLOR 1 - SUSH 1 - CHECKED W OFFICER'S NAME*  A CALLOR 1 - SUSH 1 - CHECKED W OFFICER'S NAME*  A CALLOR 1 - SUSH 1 - CHECKED W OFFICER'S NAME*  A CALLOR 1 - SUSH 1 - CHECKED W OFFICER'S NAME*  A CALLOR 1 - SUSH 1 - CHECKED W OFFI 1 - SUSH 1 - CHECK	LIGHT CONDITION		w	EATHER		10-10-	1 1					
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - NOADWAY NOT LIGHTING 9 - OTHER / UNKNOWN  VARRATIVE  JUNIT 2 WAS STOPPED ON STOW ST AT  HAYMAKER PKWY. UNIT 1 WAS STOPPED IN  FRONT OF UNIT 2 ON STOW ST. AT  HAYMAKER PKWY. UNIT 1 LET HIS FOOT OFF  THE BRAKE AND ROLLED BACKWARDS DOWN  THE HILL STRIKING UNIT 2. UNIT 1 THEN  LEFT THE SCENE WITHOUT STOPPING AFTER  THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME  DISPATCH DATE / TIME	4 0 0 1140100 11014				OIL, GRAVEL	STONE						
4-DARK - ROADWY NOT LIGHTED 5-DARK - DUNKNOWN ROADWAY LIGHTING 5-DARK - DUNKNOWN ROADWAY LIGHTING 5-SLEET, HAIL 9-FREEZING RAIN OR FREEZING DRIZZLE 9-OTHER / UNKNOWN  VARRATIVE  JNIT 2 WAS STOPPED ON STOW ST AT  HAYMAKER PKWY. UNIT 1 WAS STOPPED IN  FRONT OF UNIT 2 ON STOW ST. AT  HAYMAKER PKWY. UNIT 1 LET HIS FOOT OFF  THE BRAKE AND ROLLED BACKWARDS DOWN  THE HILL STRIKING UNIT 2. UNIT 1 THEN  LEFT THE SCENE WITHOUT STOPPING AFTER  THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME  DISPATCH DATE /		L	I Z			SNOW			J-UIK1			
POTHER/UNKNOWN  VARRATIVE  JNIT 2 WAS STOPPED ON STOW ST AT  HAYMAKER PKWY. UNIT 1 WAS STOPPED IN  FRONT OF UNIT 2 ON STOW ST. AT  HAYMAKER PKWY. UNIT 1 LET HIS FOOT OFF  THE BRAKE AND ROLLED BACKWARDS DOWN  THE HILL STRIKING UNIT 2. UNIT 1 THEN  LEFT THE SCENE WITHOUT STOPPING AFTER  THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME  1, 0, 2, 8, 2, 0, 2, 0, / 1, 4, 1, 6, 1, 0, 2, 8, 2, 0, 2, 0, / 1, 4, 1, 9, 1, 0, 2, 8, 2, 0, 2, 0, / 1, 5, 0, 6  TOTAL TIME  TOTAL OFFICER'S NAME*  Indicate the north direction with direction			4 - RAIN	9 - FREEZIN	IG RAIN OR FREEZI			7 - SLUSH	9 OTHER/UNKNOWN			
JNIT 2 WAS STOPPED ON STOW ST AT  HAYMAKER PKWY. UNIT 1 WAS STOPPED IN  FRONT OF UNIT 2 ON STOW ST. AT  HAYMAKER PKWY. UNIT 1 LET HIS FOOT OFF  THE BRAKE AND ROLLED BACKWARDS DOWN  THE HILL STRIKING UNIT 2. UNIT 1 THEN  LEFT THE SCENE WITHOUT STOPPING AFTER  THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME  10,2,8,2,0,2,0/1,4,1,6  10,2,8,2,0,2,0/1,4,1,6  TOTAL TIME  OFFICER'S NAME*  CRECKED BY OFFICER'S NAME*			J-JEECI, HAIL	77 - OTHER	1 DIAKIAGAM			9 - OTHER/UNKNOWN				
JNIT 2 WAS STOPPED ON STOW ST AT  HAYMAKER PKWY. UNIT 1 WAS STOPPED IN  FRONT OF UNIT 2 ON STOW ST. AT  HAYMAKER PKWY. UNIT 1 LET HIS FOOT OFF  THE BRAKE AND ROLLED BACKWARDS DOWN  THE HILL STRIKING UNIT 2. UNIT 1 THEN  LEFT THE SCENE WITHOUT STOPPING AFTER  THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME  10 2,8 2,0 2,0 / 1,4 1,6 1,0 2,8 2,0 2,0 / 1,4 1,8 1,0 2,8 2,0 2,0 / 1,4 1,9 1,0 2,8 2,0 2,0 / 1,5 0,6   TOTAL TIME  TOTAL OFFICER'S NAME*  CRECKED BY OFFICER'S NAME*	NARRATIVE							1	Indicate the north			
HAYMAKER PKWY. UNIT 1 WAS STOPPED IN  FRONT OF UNIT 2 ON STOW ST. AT  HAYMAKER PKWY. UNIT 1 LET HIS FOOT OFF  THE BRAKE AND ROLLED BACKWARDS DOWN  THE HILL STRIKING UNIT 2. UNIT 1 THEN  LEFT THE SCENE WITHOUT STOPPING AFTER  THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME  DISPATCH DATE / TIME  ARRIVAL DATE / TIME  ARRIVAL DATE / TIME  SCENE CLEARED DATE / TIME  REPORT TAKEN BY  POLICE AGENCY  TOTAL TIME  OTHER WOLLES DATE / TIME  TOTAL TOTAL OFFICER'S NAME*  CRECKED BY OFFICER'S NAME*	UNIT 2 WAS STOPPED	ON STO	OW ST AT					4	an "N" on the			
FRONT OF UNIT 2 ON STOW ST. AT  HAYMAKER PKWY. UNIT 1 LET HIS FOOT OFF  THE BRAKE AND ROLLED BACKWARDS DOWN  THE HILL STRIKING UNIT 2. UNIT 1 THEN  LEFT THE SCENE WITHOUT STOPPING AFTER  THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME  DISPATCH DATE / TIME  DISPATCH DATE / TIME  ARRIVAL DATE / TIME  ARRIVAL DATE / TIME  SCENE CLEARED DATE / TIME  REPORT TAKEN BY  DISPATCH DATE / TIME  TOTAL TIME  OTHER  OTHER  TOTAL OFFICER'S NAME*  CHECKED BY OFFICER'S NAME*				TO TAI					compass diagram.			
HAYMAKER PKWY. UNIT 1 LET HIS FOOT OFF  THE BRAKE AND ROLLED BACKWARDS DOWN  THE HILL STRIKING UNIT 2. UNIT 1 THEN  LEFT THE SCENE WITHOUT STOPPING AFTER  THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME  DISPATCH DATE / TIME  DISPATCH DATE / TIME  ARRIVAL DATE / TIME  ARRIVAL DATE / TIME  SCENE CLEARED DATE / TIME  TOTAL DIFFICER'S NAME*  CHECKED BY OFFICER'S NAME*  CHECKED BY OFFICER'S NAME*				JU IN								
THE BRAKE AND ROLLED BACKWARDS DOWN  THE HILL STRIKING UNIT 2. UNIT 1 THEN  LEFT THE SCENE WITHOUT STOPPING AFTER  THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY POLICE AGENCY MOTORIST  TOTAL TIME OTHER UNITED TOTAL OFFICER'S NAME*  CHECKED BY OFFICER'S NAME*  CHECKED BY OFFICER'S NAME*								1				
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LEFT THE SCENE WITHOUT STOPPING AFTER  THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY 10,28,20,20,/1,4,16,10,28,20,20,/1,4,18,10,28,20,20,/1,4,19,10,28,20,20,/1,5,0,6  TOTAL TIME OTHER TOTAL OFFICER'S NAME*  CHECKED BY OFFICER'S NAME*  CHECKED BY OFFICER'S NAME*	THE BRAKE AND ROL	LLED B	BACKWARDS	DOWN					_			
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THE ACCIDENT. UNIT 1 WAS CITED FOR HIT  SKIP AND FAILURE TO CONTROL.  CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY 1 0 2 8 2 0 2 0 / 1 4 1 9 1 0 2 8 2 0 2 0 / 1 5 0 6 POLICE AGENCY MOTORIST					Transa a	WED 5		1 2	)			
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TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OFFICER'S NAME*	1,0,2,8,2,0,2,0,/,1,4,1,6,	1,0,2,8,	<b>2</b> , <b>0</b> , <b>2</b> , <b>0</b> ,/, <b>1</b> , <b>4</b> ,:	1,8,1,0,2,8	2,0,2,0,/,1	4.1.9	1,0,2,8,2.0.2.0	0./.1.5.0.6	POLICE AGENCY			
MINUILS AUCKland, Kyle Wheeler Coorge	TOTAL TIME OTHER	TOTAL	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*							
(CORRECTION OR ADDITION	MIN NOTIFE TRANSPORT INVESTIGATION LIME	MINUTES							SUPPLEMENT (CORRECTION OR ADDITION			
O O O O O O O O O O O O O O O O O O O	0 0 0 0 3 0	0 7 7			ę.,			UMBER*	TO AM EXISTING REPORT SENT OF MANY			



2,0,2,0,-,0,0,1,7,6,2,7, OWNER NAME: LAST, FIRST, MIDDLE (X SAVE AS DRIVER) NUMBER BURNE. IN THE SEES PORT OF THE AN INCIDEN DAMAGE 0, 2 CRICK, MELINDA, M DAMAGE SCALE DWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS DRIVER 1 - NONE 3 - FUNCTIONAL DAMAGE 2 606 RIDDLE AVE ,Ravenna ,OH 44266 J 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** 2.CNF,LEE,C1,B62,8,0,1,2,9 O H HWV7081 2 0 1 1 Chevrolet INSURANCE COMPANY INSURANCE VERIFIED INSURANCE POLICY # COLOR VEHICLE MODEL SAFE AUTO OH01671313A00 BLU EQUINOX TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY 1 HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED CLASS # PLACARD ID # 1 - <10K LBS HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS 0,1, PLAÇARD 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 19 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) B - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 24-WHEELCHAIR ANY TYPE 14-SINGLE UNIT TRUCK 20-OTHER VEHICLE 25 - OTHER NON-VOTORIST UNIT TYPE 4 . PICK UP 10 - MOPED OR MOTORIZED 26-BICYCLE 15-SEMI-TRACTOR 21 - HEAVY EQUIPMENT BICYCLE 5 - CARGO VAN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER CR 27 -TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) 17-MOTORHOME A VIMAL-DRAWN VEHICLE 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 0 4 - HIGH AUTOMATION 2 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONDMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 16-FARM 21 - MAIL CARRIER 0,1, 2-TAXI 7 - BUS - INTERCITY 12-MILITARY 17-MCWING 99-OT-ER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING B - 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 - COVCRETE MIXER 0,1 INCT APPLICABLE VOTOR VEHICLE CHASSIS 9 - CARGOTANK 13 - AUTOTRANSPORTER CARGO 6 - CARGO VAN/ENCLOSED BCX 10-FLAT BED 2 - BUS 4 - LOGGING 14-GARBAGE/REFUSE BODY \* 7 - GRAIN/CHIPS/GRAVEL 11.DHMP 99-01-ER/LINKNOWN 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 **ACCIDEN** 6 - TIRE BLCWOUT -NO DAMAGE [ 0 ] -UNDERCARRIAGE [ 14 ] 1 - INTERSECTION - MAPKED 3 - INTERSECTION - OTHER 5 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CRESSWA\_< 4 - MIDBLOCK - MARKED AT INCIDENT SCENE 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS \_ - TOP | 13 | - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 8 - SIDEWALK 11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LICENTEN TRAILS AT IMPACT - UNIT NOT AT SCENE [ 16 ] 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKENG U-TURN 13 - NEGOTIATING A CHRVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION 2 - BACKING B - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING OR LEAVING VEHICLE 1 1 3 - CHANGING LANES 4 0 - NO DAMAGE 14 - UNDERCARRIAGE 19-STANCING 3 - STRIKING 9 - LEAVING TRAFFIC LANE SPECIFIED LOCATION 0 , 1 , 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE PRE-CRASH 4 - OVERTAKING/PASSING ACTION 4- STRUCK 15-WALKING, RUNNING 20-OTHER NON-MOTORIST 10-PARKED 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING DIAGRAM 21 - STANDING OUTSIDE 99 - UNKNOWN 11-SLOWING OR STOPPED 13-TOP 16-WORKING & STRUCK INTRAFFIC DISABLED VEHICLE 6 - MAKING LEFT THRN 9-OTHER/UNKNOWN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 12 - DR VERLESS TRAFFIC 1 - NONE 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION DESTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD B - FOLLOWING TOO CLOSE / ACCA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - GNE-WAY 1 - ROUNDAROUT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO 0,1 **ILLEGALLY** 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 19-LOAD SHIFTING/FALLING 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 3 - FLASHER SPILLING 5 - NO CONTROL 11 - DROVE OFF ROAD 99-OTHER IMPROPER ACTION 16 - WRONG WAY 29 - IMPROPER CROSSING 6-IMPROPERTURN 12-IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING DN ROAD SEQUENCE OF EVENTS 1 - NOT INVOLVED 2 2 - INVOLVED-ACTIVE CROSSING **EVENTS** 1 2 0 1 - OVERTURN/ROLLCVER 6 - EQUIPMENT FAILURE 11-CROSS CENTERLINE -3 - INVOLVED-PASSIVE CROSSING 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 2 - FIRE/EXP\_OSION 7 - SEPARATION OF UNITS EQUIPMENT 17 - AHIMAL - FARY TRAVEL 23 - STRUCK BY FALLING UNIT / NON-MOTORIST DIRECTION 3 - IMMERSION E - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 19-ANIMAL - OTHER 13 - OTHER NON-COLLISION ANYTHING SET IN MOTION 5 - CARGO | EQUIPMENT 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - VORTHWEST 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 2 TO 1 LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST B - 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 33 - MEDIAY CABLE BARRIER 51 - WALL 39-LIGHT/LUMINARIES 45-EMBANKMENT STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 34 - MEDIAN GUARDRAIL 1 - STATED / ESTIMATED SPEED 46-FENCE 52-BUILDING 0,0,0 40-UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARADET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 43-TREE 3 - UNDETERMINED 29-BRIDGE RATE BARRIER OR SUPPORT POSTED SPEED 99 OTHER UNKNOWN 49 - FIRE HYDRANT 30-GUARDRAIL FACE 36-MEDIAN OTHER BARRIER 42-CULVERT 2 5 1 MOST HARMFUL EVENT FIRST HARMFUL EVENT

LOCAL REPORT NUMBER

CONTRACTOR MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER										
									2,0,2,0,-,0,0,1,7,6,2,7,							
UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
0,1	MATHEWS, CEDRIC, M									0,5,3,0,1,9,6,5,5,5, M						
	ADDRESS: STREET, CITY, STATE, ZIP 269 WILDWOOD AVE ,Akron ,OH 44320									CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	RIES INJURED EMS AGENCY (NAME)									T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
5	TAKEN USED							USED 0 4	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TR				1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS		RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NU	MBER				
OL STATE	,100			4511 202			Failure to Co	ntrol		60922						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		TRACTED ALCOHOL / DRUG SUSPECTED  ALCOHOL MARIJUANA			CONDITION	STATUS TY	OHOL TEST PE VALUE S	DRUG STATUS TYPE	TEST(S) RESULT SE	ELECT UPTO 4				
6		0,2		1 OTHER DRUG			1 ,	1 1 1 1								
UNIT#	NAME: LAST, I	FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
0,2	CRICK	, MELINDA, M							1 1 0 3 1 9 6 9 5 0 F							
ADDRESS:	STREET, CITY, ST								CONTACT PHONE - INCLUDE AREA CODE							
606 W		E AVE ,Ravenna	,ОН 4	4266					L							
ADDRESS:	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SA				DOT-COMPLIANT			EJECTION	TRAPPED			
		ICENSE NUMBER		OFFENS	ECHA	RCED	LOCAL	0,4	MC HEL	MET 0 1	1	1	1			
OL STATE	or Entrone	TOLITOL HOMBEN		OFFERS	E CHAI	KGED	CODE	OFFENSE DESC	KIPTION		CITATION NUI	ABER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT							TON ALCOHOL TEST DRUG TEST(S)							
	SELECT UP 102	RACTED ALCOHOL MARIJUANA				1				RESULTSE	ELECT UP TO 4					
4					1 OTHER DRUG								لــالـــا			
UNIT#	NAME: LAST, F	TRST, MIDDLE							1.3	DATE OF BIRTH		AGE G	GENDER			
ADDRESS:	STREET, CITY, ST	ATF.7IP														
1081	DDRESS: STREET, CITY, STATE, ZIP									PHONE - INCLUDE AREA CO	OE 30					
INJURIES		EMS AGENCY (NAME)		INJURED F	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
ADDRESS:	TAKEN							USED	DOT-CON	PLIANT	The state of the s		1 10 11 11 11			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DE				OFFENSE DESC	CRIPTION CITATION NUMBER							
010				CODE												
OL CLASS	SELECTUR 102	RESTRICTION SELECT		VER TRACTED		CHOL / DRUG SUSPE	ECTED RUUANA	CONDITION	STATUS IY	PE VALUE S		TEST(S) RESULTS	ELECTOPIO4			
			.			THER DRUG	(DUAITA									
-NT;	IRIES	SEATING POSITION	The second second	IR BAG		OL CLASS	5	OL RESTRIC	TION(S)	DRIVER DISTRACT		ST STATU				
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER	DESCRIPTION OF THE PARTY OF THE	1 - NOT DISTRACTED 2 - MANUALLY OPERATING	1 NONE G					
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE	D SIDE		3 - CLASS C		3 - CORRECTIVE LE		ELECTRONIC COMMUNIC	CATION 3 TEST G	IVEN, CONTAN				
4 - POSSIBLE IN 5 - NO APPAREN	A STATE OF THE STA	4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOT APP	D BOTH FROM Licable	VT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER - 5 - EXCEPT CLASS A	RIIS	DIALING)	A TEST C	E / UNUSABLE IVEN, RESULT	ed the second			
INJURED	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE		AENT UNKNO	WN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		3-TALKING ON HANDS-FRE COMMUNICATION DEVICE	E 5 TEST G	IVEN, RESULT	rs			
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 TALKING ON HAND HELD COMMUNICATION DEVICE		OL TEST	TYPE			
/TREATED AT 2 - EMS	I SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	ECTION		OL ENDORSEN H-HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH A ELECTRONIC DEVICE	AN 1 NONE	OF LEST	THE			
3 - POLICE	PARALURA .	B-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIAL	1754		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER	2 BLOOD 3 URINE					
9-OTHER/UNK		10-SLEEPER SECTION	3-TOTALLY 4 NOT APP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE	4 BREATI					
SAFETY EC	QUIPMENT	OF TRUCK CAB 11 - Passenger in other	TE	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRACTION OU THE VEHICLE	TSIDE 5 OTHER					
2 - SHOULDER B	SHOULDER BELT ONLY USED ENGLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOT TRAF			K-INKEE WHEEL MOTORCYCLE			12 - LIMITED - OTHER 13 - MECHANICAL DEVICES		9-OTHER/UNKNOWN	The second second	DRUG TEST TYPE					
3 - LAP BELT ON 4 - SHOULDER &		PICK UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	TED BY ICAL MEANS		T DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O	THER	CONDITION	1 NONE 2 BLOOD					
5 - CHILD RESTR FORWARD FA	RAINT SYSTEM -	CARGO AREA  13-TRAILING UNIT	3- FREED BY	Y HANICAL ME	ANS	X-TANKER HAZMAT	Emple.	ADAPTIVE DEVI	medical solutions	1 - APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT	3 - URINE					
6 - CHILD RESTR	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR				GENDER F-FEMALE	43,22	15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT	3 - EMOTIONAL (CG., GEPRES ANGRY, DISTURBED)	SEO, S	CC - 0.0				
7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO		4- ILLNESS	DRUG T	EST RESU TAMINES	DLT(S)			
8 - HELMET USE	ED	99 - OTHER / UNKNOWN				U OTHER/UNKNOWN		17 - PROSTHETIC AID 18 - OTHER		5 - FELL ASLEEP FAINTED FATIGUED, ETC.	2 BARBIT	URATES				
9 - PROTECTIVE (ELBOW, KINE					11.7					6- UNDER THE INFLUENCE OF MEDICATIONS / DRUG	A CANNA	DIAZEPINES BINOIDS				
10 - REFLECTIVE 11 - LIGHTING - P										/ALCOHOL	5-COCAIN	E				
/ BICYCLE ON	ILY									9-OTHER / UNKNOWN	6-OPIATE 7-OTHER	S/OPIOIDS				
99-OTHER/UNK	NOWN											VE RESULTS				

of Pual	UCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER						
							2,0,2,0	0,0,0	0,1,5	7,6,2	.7.		
UNIT#	MCKINLEY, RENESHA, DENISE							DATE OF BIRTH AGE GENDER					
01_			0 9 1 6 1 9 8 7 3 3 F										
	: STREET, CITY		CONTACT PHONE - INCLUDE AREA CODE										
418 C		Y ST 102 ,Kei	oH 442,	40									
ADDRESS 418 C INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FA	CILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT COMMUNIC SEATING POSITION AIR BAG USAGE EJECTION TRAPPEL						
_ 5	8Y					USED 0 4	DOT-COMPLIANT	0 3	1	1	1		
UNIT#	NAME: LA	ST, FIRST, MIDDLE		047			J						
								DATE OF BIRTH AGE GENDE					
ADDRESS:	: STREET, CITY	STATE, ZIP					CONTACT PHONE						
ADDRESS:							- CONTROL PROME	- INCLUDE AREA CO	DUE.				
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAS	CILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT CO SEATING POSITION AIR BAG USAGE EJECTION TRAPPE						
	TAKEN					USED		SCATING PUSITION	AIR BAG USAGI	EJECTION	TRAPPED		
UNIT#	NAME: LAS	I. ST, FIRST, MIDDLE					MC HELMET			1			
		, indi, middle					DAT	E OF BIRTH	1 7	AGE	GENDER		
ADDRESS:	STREET, CITY	STATE 710											
		y = - (1) to   Eaf					CONTACT PHONE	- INCLUDE AREA CO	DE.				
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED YOUR OR AS		Torres			1 1				
	TAKEN BY	ALL PARKET (NAME)		INJURED TAKEN TO: MEDICAL FAS	CILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
							MC HELMET	سنسا					
UNIT#	NAME: LAS	T, FIRST, MIDDLE		T X			DAT	E OF BIRTH		AGE	GENDER		
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AUURESS:	STREET, CITY	STATE ZIP					CONTACT PHONE - INCLUDE AREA CODE						
**********	T												
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO MEDICAL FAC	CILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	ВУ						MC HELMET				1 1		
2 5474		JRIES	THE RESERVE THE PERSON NAMED IN COLUMN	Y EQUIPMENT USED		SEATING POS	ITION	TO SEE SE	AIR BAG U	SAGE	32 7000		
1 - FATA		DIOUS IN HURY	1 - NONE US VEHICLE	ED - OCCUPANT		T - LEFT SIDE	ED)	1 - NOT DE	PLOYED				
2 CHAILIDED DELT ONLY HOLD					(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE			2 - DEPLOYED FRONT					
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 3 - LAP BELT ONLY USED					3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE					
	PPARENT		4 - SHOULDI	ER & LAP BELT USED	The second secon	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)			4 - DEPLOYED BOTH FRONT/SIDE				
3 110 A	TAKEN	INO OK I		STRAINT SYSTEM -		ND - MIDDLE	EI4GER)	5 - NOT APPLICABLE					
	A Line of the last	TAKEN BY	FORWAR	DFACING	6 - SECO	ND - RIGHT SIC	E	9 - DEPLOYMENT UNKNOWN					
1 - NOT TRANSPORTED 6 - CHILD RESTRAINT S' /TREATED AT SCENE REAR FACING						D-LEFT SIDE	(AP)						
			7 - BOOSTER			ORCYCLE SIDE D – MIDDLE	CAR	EJECTION					
3 - POLI	CE		8 - HELMET			D - RIGHT SIDE		1 - NOT EJECTED					
9 - OTHE	ER / UNKNO	WN		IVE PADS USED		PER SECTION O		2 - PARTIALLY EJECTED					
	CEL	IDER		KNEES, ETC.)		ENGER IN OTH!	RAILING UNIT, A NOT APPLICAD						
F-FEMA	The return		10 - REFLECT	IVE CLOTHING	BUS, P	PICK UP WITH CAF	)	4 - NOT APPLICABLE					
M - MALE 11 - LIGHTING - PEDESTRIAN 12 - PASSENG					ENGER IN UNE O AREA	CONTRACTOR OF THE STREET, STRE							
U - OTHE	U - OTHER / UNKNOWN 99 - OTHER / UNK					LING UNIT	1 - NOTTRAPPED						
77- OTHE			,, other	SIN CHANGE OF THE STATE OF THE		NG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS			AL		
						TRAILING UNIT) MOTORIST			BY NON-ME	CHANICA	NI.		
						R / UNKNOWN		MEANS					
NAME: LAS	I, FIRST, MIDD	LE					DATI	OF BIRTH		AGE	GENDER		
								1 1 1					
ADDRESS:	STREET, CETY,	STATE ZIP	1200				CONTACT PHONE	- INCLUDE AREA COL	E				
NAME: LAS	T, FIRST, MIDD	ł F.			810 ×		DATI	OF BIRTH		AGE	GENDER		
ADDRESS	CIBILLA OLA	PTATE 21D								1.1.1			
WDDKE22:	STREET, CITY,	STATE ZIP					CONTACT PHONE	- INCLUDE AREA COD	F				
NAME. LAN	T Liger same	1						1 1 1					
MAIRE: LAS	T, FIRST, MIDD	i E					DATE	OF BIRTH		AGE	GENDER		
ADDRESS.	STREET, CITY,	STATE ZIP								1			
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V 9255 OUI	D 3/10 [760 1	5001					<u> </u>	1 1 1					