OHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*					
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION								2.0.2.10.0.0.1.8.1.9.8.						
SECONDARY CRASH		EPORTING AGE				HIT/SKIP 1 - SOLVED	UNIT IN ERROR							
			ent Police		<u> [0</u>	6 7 0 3	2 - UNSOLVED	0,2	0 1 98 - ANIMAL					
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*								CRASH DATE /1		CRASH SEVERITY 1 - FATAL				
1 3-TOWNSHIP									1110112101211/101812121 5 2 - SERIOUS INJUI					
ROUTE TYPE ROUTE NU	S	- SOUTH		NAME			LATITUDE DECIMAL DEGREES SUSPECTED 3 - MINOR INJUR							
	-WEST	VATER	AD NAME (ROAD	MII FRONT	01107 -1	ST	41101156		SUSPECTED					
ROUTE TYPE ROUTE NU	- SOUTH		ID NAME (ROAD	, MILEPUSI, N	IUUSE #}	ROAD TYPE	LONGITUDE D		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE					
						ROAD TYPE		[8 ₁ 1 ₀ 3 ₁ 5 ₁ 8		ONLY				
1 - INTERSECTION	CERTAL REFERENCE								INTERSECTION RE					
3 2- MILE POST 3-HOUSE #	S-SOUT	т 03-г	DERAL US ROL	,,,	- AVENUE		SQ - SQUARE ST - STREET	WITHIN INTERSECTION OR ON APPROACH						
DISTANCE	W-WEST SR-STATE ROUTE BL-BUCLEYARD MP-MILEPUSI SI-SII													
FROM REFERENCE	OWN REFERENCE UNIT OF MEASURE 1. MILES TR. NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TRAIL								ROADWAY					
	ROUTE DR - DRIVE PI - PIKE WA-WAY HE - HEIGHTS PL - PLACE								ROADWAY DIVIDED					
	N of FIRST HARM			l		H COLLISION/IMPA	СТ	DIRECTION OF TRAVE	L M	EDIAN TYPE				
1 - ON ROADWA 2 - ON SHOULD		ROSSOVER DRIVEWAY/AL	LEY ACCESS	BET	WEEN	4 - REAR-TO-REAR 5 - BACKING		N - NORTH		DIVIDED FLUSH MEDIAN				
0 1 3-IN MEDIAN 4-ON ROADSID		RAILWAY GRA	DE CROSSING	VEH	MOTOR	6 - ANGLE		S - SOUTH E - EAST	2 - DIVI	DIVIDED FLUSH MEDIAN				
5 - ON GORE	Ţ	RAILS	PAINSUK	2 - REA		7 - SIDESWIPE, SAM 8 - SIDESWIPE, OPPI		W-WEST	DED, DEPRESSED MEDIAN					
6 - OUTSIDE TR 7 - ON RAMP	INI I IV IIAI	OLL BOOTH		3 - HEA	D-ON	9 - OTHER / UNKNO	WN		DED, RAISED MEDIAN (TYPE)					
8 - OFF RAMP	99-0	THER/UNK	IOWN				_		9 - OTH	ER/UNKNOWN				
WORK ZONE RELAT	TED		VORK ZONE TY	PE		IN OF CRASH IN WO		CONTOUR	CONDITIONS	SURFACE				
WORKERS PRESEN	NT T		NE CLOSURE NE SHIFT/CROS	SSOVER		- BEFORE THE 1ST WARNING SIGN		_1	_1_	_2_				
LAW ENFORCEMEN	NT PRESENT L		RK ON SHOULD MEDIAN	DER	1	- ADVANCE WARNIN - TRANSITION AREA		1 - STRAIGHT LEVEL	1 - CONCRETE					
ACTIVE SCHOOL ZO	ONE			R MOVING WORK	4	- ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOUS,				
ACTIVE SCHOOL 20	OIAE	5 - 0T	HER		5	- TERMINATION AR	EA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK				
1 - DAYLIGHT	CONDITION		1 - CL	WEATH FAR	ER 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIR OIL, GRAVEL	T, 4 - SLAG, GRAVEL,				
1 2- DAWN/DUSK			0.1.2-CL	OUDY	7 - SEVERE	CROSSWINDS			6 - WATER (STAND)	NG, 5-DIRT				
3 - DARK - LIGH 4 - DARK - ROAL	ED	3-F0			G SAND, SOIL, DIRT NG RAIN OR FREEZ			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN					
5 - DARK – UNKI 9 - OTHER / UNK	NOWN ROADWAY I	LIGHTING	5 - SL	EET, HAIL		/ UNKNOWN			/N					
NARRATIVE				_		1								
									<	Indicate the north direction with an "N" on the				
	UNIT 1 WAS TRAVELLING NORTHBOUND ON N.									compass diagram.				
WATER ST. V	WHEN TH	IE DRI	VER WA	S LOOK	ING									
OUT HIS RIC	GHT SIDE	E WIND	OWS AI	ND FAIL	ED									
TO NOTICE	UNIT 2 W	VAS ST	OPPED I	IN		1		1 1	(R					
					· · · · · · · · · · · · · · · · · · ·	-								
	TRAFFIC IN FRONT OF HIM. UNIT 1 THEN								N	ot To Scale				
REAR ENDE	REAR ENDED UNIT 2.								\mathbf{a}					
			302]; <u> </u>	3	Ì								
				N. WATER ST										
							N. W.							
CRASH REPORTED D	TIME	RIVAL DATE / TIME		SCENE CLEARED I	ATE /TIME	REPORT TAKEN BY								
										X POLICE AGENCY				
TOTAL TIME	NAME*	$\frac{2}{10},\frac{0}{12},\frac{1}{11},\frac{1}{10},\frac{8}{12},\frac{2}{10},\frac{7}{10},\frac{1}{11},\frac{1}{10},\frac{1}{12},\frac{2}{10},\frac{2}{11},\frac{1}{10},\frac{1}{18},\frac{5}{14},\frac{4}{10}$				MOTORIST								
ROADWAY CLOSED INVESTIGATION TIME MINUTES Camp, Jaeger						Ennemoser, James				SUPPLEMENT (CORRECTION OR ADDITION				
	0 0 0 0 0 3 0 0 6 1 2 2 2 2						CHECKED BY OFFICER'S BADGE NUMBER* TO AN EXISTING REPORT SENT							
0,0,0,0	3 0	U O .	<u> </u>	2 2			2 5	1 5 1 1						



2 1 0 2 1 1 - 1 0 1 0 1 0 1 8 1 9 8 1 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) DAMAGE 0 | 1 | BOBEK, JAMES DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER! 1 - NONE 3 - FUNCTIONAL DAMAGE 6471 SCHOOLVIEW DR ,Franklin Twp ,OH 44240 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 # **VEHICLE IDENTIFICATION #** VEHICLE YEAR INDICATE ALL THAT APPLY VEHICLE MAKE OH FBD1049 4 T; 1 B; F; 3 E; K; 7 A; U; 0; 4; 6; 0; 4; 5; 2 1 0 1 1 1 0 1 Tovota **INSURANCE COMPANY INSURANCE POLICY #** INSURANCE VERIFIED COLOR VEHICLE MODEL TAN **CAMRY** TYPE OF USE US DOT # TOWED BY: COMPANY NAME GOVERNMENT IN EMERGENCY RESPONSE COMMERCIAL HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED CLASS # PLACARD ID # 1 - <10K LBS. HIT/SKIP UNIT DEVICE 2 - 10.001 - 26K LBS PLACARD 10 11 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) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNIT TRUCK 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) 00 # of TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS Q - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 0 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16 - FARM 21 - MAIL CARRIER 0 1 2 · TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99-0THER/IINKNOWN 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 MOTOR VEHICLE / NOT APPLICABLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER 2 - BUS A . LOCGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL 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 BLOWOUT - NO DAMAGE [0] - UNDERCARRIAGE [14] 1-INTERSECTION-MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS _-TOP [13] ☐-ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99 LOTHER / HNYNOWN B - SIDEWALK 11 - SHARED USE PATHS OR CROSSWALK 5 - TRAVEL LANE - OTHER LECATION TRAILS - UNIT NOT AT SCENE [16] AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAXING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING B - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 3-STRIKING $\begin{bmatrix} 0 & 1 \\ \end{bmatrix}$ 3 - Changing lanes 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE 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 DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING, PLAYING 99 - UNKNOWN 21 - STANDING OUTSIDE 11-SLOWING OR STOPPED 13-TOP 16-WORKING & STRUCK DISABLED VEHICLE 6 - MAKING LEFT TURN IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 12-DRIVERLESS TRAFFIC 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 14-STOPPED OR PARKED EQUIPMENT 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 0 8 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN **ILLEGALLY** 19-LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 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 - IMPROPER CROSSING # OF THROUGH LANES 6-IMPROPERTURN 12 - IMPROPER BACKING RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS _2 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION 11 - CROSS CENTERLINE -OPPOSITE DIRECTION OF 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE 7 - SEPARATION OF UNITS 17 - ANIMAL — FARM EQUIPMENT TRAVEL 23-STRUCK BY FALLING, UNIT / NON-MOTORIST DIRECTION 18-ANIMAL - DEER 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 19-ANIMAL - OTHER 1 - NORTH 5 - NORTHEAST 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 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 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAU END 37 - TRAFFIC SIGN POST 43-CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST 44 - DITCH EQUIPMENT **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 51 - WALL 45-EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52-BUILDING 46-FENCE 27 - BRIDGE PIER OR ABUTMENT 10 11 5 RARRIER 40-UTILITY POLE ☐ 2 - CALCULATED / EDR 53-TUNNEL 47 - MAIL BOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 4R-TREE 29 - BRIDGE RAIL POSTED SPEED 3 - UNDETERMINED BARRIER OR SUPPORT 49-FIRE HYDRANT 99-OTHER/UNKNOWN 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 2,5 1 MOST HARMFUL EVENT J FIRST HARMFUL EVENT

LOCAL REPORT NUMBER



HSY8304 OH1U 1/19 [760-0820]

LOCAL REPORT NUMBER <u>2,0,2,1,-,0,0,0,1,8,1,9,8,</u> OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) NUMBER DURING HALL HALL ACTURE ACTURINES DAMAGE 0 | 2 | GRAHAM, ASHLEY, A DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 4872 GATE POST LN , Brimfield Twp ,OH 44240 □ 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 # **VEHICLE IDENTIFICATION #** VEHICLE YEAR INDICATE ALL THAT APPLY VEHICLE MAKE 17 | F | A | R | W 2 | H | 8 | 3 | J | E | 0 | 9 | 5 | 6 | 5 | 6 | 2 | 0 | 1 | 8 | OHI HRE2557 Honda **INSURANCE COMPANY INSURANCE POLICY #** INSURANCE VERIFIED COLOR VEHICLE MODEL CINCINNATTI ISURANCE A01 0919531 BLK **CRV** TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK MATERIAL CLASS # PLACARD ID #
RELEASED 1 - ≤10K LBS. DEVICE HIT/SKIP UNIT 2 - 10.001 - 26K LBS 0 1 PLACARD J 3 - >26K LBS 1.1 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 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 5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) 0 # OFTRAILING 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 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FILL AUTOMATION AUTOMOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / HINKNOWN 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 - VEHICLETOWING ANOTHER 5 - INTERMODAL CONTAINER B - POLE 12 - CONCRETE MIXER O 1 1 CARGO I 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 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT - NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - 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DITCH EQUIPMENT **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 51 - WALL 45 - EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52-BUILDING 46-FENCE 27 - BRIDGE PIER OR ABUTMENT .0.0.0 BARRIER 40 -UTILITY POLE 53-TUNNEL 2 - CALCULATED / EDR 47 - MAIL BOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 -OTHER POST, POLE 54 - OTHER FIXED OBJECT 48-TREE 1 29 - BRIDGE RAIL POSTED SPEED 3 - UNDETERMINED BARRIER OR SUPPORT 99 - OTHER / UNKNOWN 49-FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 2 5 MOST HARMFUL EVENT

ONE OF PUBLIC SAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER							
								2.0.2.10.0.1.8.1.9.8							
UNIT#										DATE OF BIRTH AGE GENDER					
	0 1 BOBEK, JAMES									0 4 / 2 5 / 1 9 6 1 6 0 M					
ADDRESS: STREET, CITY, STATE, ZIP 6471 SCHOOLVIEW DR ,Franklin Twp ,OH 44240								CONTACT PHONE - INCLUDE AREA CODE							
INJURIES INJURED EMS AGENCY (NAME)									T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
5_5	5 TAKEN BY L				USED O 4				DOT-COMPLIANT 0 1 1 1				N TRAPPED		
OL STATE	OL STATE OPERATOR LICENSE NUMBER				E CHA	RGED	LOCAL	OFFENSE DES	CRIPTION		CITATIO	CITATION NUMBER			
O.H.	<u>H.</u>				333.03 CODE				m Spee	ed Limits	16811				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC		IVER STRACTED		OHOL / DRUG SUSPECTED ALCOHOL MARLUANA		CONDITION	STATUS	COHOL TEST TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
4			_	8		THER DRUG	АМАЦШЯ	1	1	1	1	1			
UNIT #	NAME: LAST,	AME: LAST, FIRST, MIDDLE							الــــالـ	DATE OF BIRTH		AGE	GENDER		
0,2	GRAH	AM, COREY, J								<u>/ 1, 2, / ,1</u>	9 8 7.	3 3	M		
ADDRESS:	: STREET, CITY, ST			,					CONTAC	T PHONE - INCLUDE AREA		<u> </u>	174		
4872	-	OST LN ,Brimfie	eld Tw	OH,	442	40									
Ż	INJURED EMS AGENCY (NAME)			INJURED TA	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)					SEATING POSITIO	GE EJECTION	TRAPPED			
	BY	ICENSE MIMBER	<u> </u>					0,4		ELMET 0 1	11_	1	1		
OL STATE	NAMES AND ADDRESS OF THE PARTY			OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION	CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELEC	TUPTO3 DRI	RIVER ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST			RÚG TEST(S	.,			
	SELECT UP TO 2			TRACTED		LCOHOL MAI		CONDITION	STATUS				T SELECT UP TO 4		
4	باب				1 OTHER DRUG			1	_1_	1	_1	1			
UNIT#	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE	GENDER		
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP														
N ADDICESS:	: 31 KEE1, G111, 31.	A10,21P							CONTACT	PHONE - INCLUDE AREA O	ODE				
INJURIES		EMS AGENCY (NAME)		INJURED TA	KEN TO	: MEDICAL FACILITY	DIAME CITY	SAFETY EQUIPMENT		CEATING DOCUMENT	N Aronan was		1		
ADDRESS:	TAKEN BY	EN			USED				MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
OL STATE	TE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL			OFFENSE DESC			CITATION	 I NUMBER				
5				CODE											
OL CLASS	SELECT UP TO 2			VER TRACTED	RACTED -			CONDITION	AL STATUS 1	COHOL TEST		DRUG TEST(S) TÜS TYPE RESULT SELLÜT UPAU			
	, ,, ,		BY		=	THER DRUG	RUUANA								
Calculation and the second	IRIES	SEATING POSITION	P	IR BAG		OL CLASS	S	OL RESTRIC	TION(S)	DRIVER DISTRACT		TEST STA	ATUS		
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTATI		1 - NOT DISTRACTED		IONE GIVEN			
3 - SUSPECTED	3 - SUSPECTED MINOR INJURY 2 - FRONT - MIDDLE		2 - DEPLOYED FRONT 3 - DEPLOYED SIDE			3 - CLASS C	CLASS C 3 - CORREC		ERIO VIVE	2 - MANUALLY OPERATING ELECTRONIC COMMUN	ICATION 3 T	2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED			
STATE OF THE PARTY	4 - POSSIBLE INJURY 3 - FRONT - RIGHT SIDE 5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE					4 - REGULAR CLASS (OHIO = D)	D)			DEVICE (TEXTING, TYP DIALING)	ING, S	A TEST CIVEN DESILITS VNOVIN			
	INJURED TAKEN BY 5-SECOND - MIDDLE		9 - DEPLOYMENT UNKNOWN			5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A		3 -TALKING ON HANDS-FR COMMUNICATION DEVI	CE 5-T	5 - TEST GIVEN, RESULTS			
1 - NOT TRANSPO	ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-HEL COMMUNICATION DEVI	.U CF	INKNOWN			
/TREATED AT 2 - EMS	/TREATED AT SCENE 7-THIRD – LEFT SIDE 2-EMS (MOTORCYCLE SIDE CAR)		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE PERSON NAMED IN THE OWNER, THE OWNER, THE PERSON NAMED IN THE OWNER, THE			OL ENDORSEN H-HAZMAT	OORSEMENT 8-INTERMEDIATE RESTRICTIONS			5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	A A	COHOL TES	ST TYPE		
3 - POLICE	3-POLICE 8-THIRD - MIDDLE		2 - PARTIALLY EJECTED			M - MOTORCYCLE		9 - LEARNER'S PERMIT		6 - PASSENGER		2 - BL00D			
9-OTHER/UNK	10- SLEEPER SECTION		3 - TOTALLY EJECTED 4 - NOT APPLICABLE			1 - 1 Maariaaria		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - BREATH			
SAFETY EQUIPMENT OF INDER CAB				Q - MOTOR SCOOTER			11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		5-OTHER				
2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1		1. NOTTPAPPED			R-THREE-WHEEL MO S-SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE		9-OTHER/UNKNOWN	Control of the contro	DRUG TEST	TYPE			
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS		(SPECIAL BRAKE CONTROLS, OR OT	HER	ER CONDITION		1 - NONE 2 - BLOOD			
5 - CHILD RESTR	5 - CHILD RESTRAINT SYSTEM - CARGO AREA		3-FREED BY			X - TANKER / HAZMAT		ADAPTIVE DEVICE 14 - MILITARY VEHIC		S) 1 - APPARENTLY NORMAL		3 - URINE			
6 - CHILD RESTR	FORWARD FACING 13-TRAILING UNIT 6-CHILD RESTRAINT SYSTEM 14-RIDING ON VEHICLE EXTERIOR		NON-MECHANICAL MEANS			GENDER		15 - MOTOR VEHICLE		THOUT 3 - EMOTIONAL (E.G., DEPRESSED,		4-OTHER			
Company of the Compan	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST					F-FEMALE M-MALE		AIR BRAKES 16 - OUTSIDE MIRROI	ANGRY, DISTURBED) 4 - ILLNESS		Charles Statement	DRUG TEST RESULT(S) 1-AMPHETAMINES			
8 - HELMET USE	B - HELMET USED 99 - OTHER / UNKNOWN					U - OTHER / UNKNOWN		17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED,		2 - BARBITURATES			
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						18-OTHER		FATIGUED, ETC. 6 - under the influe						
10 - REFLECTIVE	CLOTHING									OF MEDICATIONS / DRUG / ALCOHOL	22	DCAINE			
11 - LIGHTING - P / BICYCLE ON	VLY									9 - OTHER / UNKNOWN		PIATES/OPIOID Ther	25		
99 - OTHER / UNKNOWN												EGATIVE RESUL	LTS		