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S - DARK - UNIKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN ARRATIVE Both Units 1 and 2 were traveling east on W. Main St. As Unit 1 slowed to turn into a business, Unit 2 was unable to stop in time and struck the rear end of Unit 1. No injuries were reported and the driver of Unit 2 was issued a citation for ACDA. CRASH REPORTED DATE / TIME 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 1, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 1, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 1, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 7, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3, 1, 2, 0, 8, 2, 0, 2, 0, /, 1, 7, 1, 3	3 - DARK - LIGHTED ROADWAY							9 - OTHER/UNKNOW				
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	0 0 0 0 3 0 0	5,4,2	OFFICER'S BAI	UGE NUMBER"				NUMBER*		TIC AN ENGINEER REPORT SENT TO COM		



LOCAL REPORT NUMBER 2,0,2,0,-,0,0,0,2,0,2,1,4, UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS ORIVER) SANDERS, BETTYE, J NUMBER BURNE, THE THE SOLE AFTERERS REPORTED DAMAGE DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER! 1 - NONE 3 - FUNCTIONAL DAMAGE 50 COTTER AVE ,Akron ,OH 44305 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN COMMERCIAL CARRIER: NAME ADDRESS CITY STATE ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) 1 1 1 INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE 3, F, AF, P, 0, 8, 1, 2, 6, R1, 0, 3, 0, 2, 0 2,0,0,6 O. H. JBL6216 Ford INSURANCE INSURANCE COMPANY VERIFIED ATTO INSURANCE POLICY # VEHICLE MODEL COLOR **AUTO INS CO** 3000823 PNK **FUSION** TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL CLASS # PLACARD ID # RELEASED INTERLOCK 1 - \$10K LBS. HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS 0,2, PLACARD 13 - 526K LRS 7 - MOTORCYCLE 2-WHEELED 1 - PASSENGER CAR 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 LTILITYVEHICLE 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 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 0 4 - HIGH AUTOMATION 1 -YES 2-NO 9-OTHER/UNKNOWN 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-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 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 12 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER B - POLE 12-CONCRETE MIXER 0,1 INOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTO TRANSPORTER CARGO 2 - BUS A . LOCGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE RODY * 7 - GRAIN/CHIPS/GRAVEL TYPE 11-DUMP 99-OTHER/UNKNOWN 0 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 0 VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER FOUIPMENT 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 4 - MIDBLOCK - MARKED AT INCIDENT SCENE -TOP [13] 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [16] 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 1 1 3 - CHANGING LANES 4 3-STRIKING 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE 0 , 6 , 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, PRE-CRASH 4 - OVERTAKING/PASSING ACTION 4- STRUCK 10-PARKED 20 - OTHER NON-MOTORIST DIAGRAM JOGGING, PLAYING 99 - IINKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13 - TOP 16-WORKING DISABLED VEHICLE IN TRAFFIC & STRUCK 6 - MAKING LEFTTURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9-OTHER/UNKNOWN 12-DRIVERLESS 1 - NGNE 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 3 - RAN RED LIGHT EQUIPMENT 9 - IMPROPER LANE CHANGE 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 3 - FLASHER 6 - NO CONTROL 15 - SWERV!NG TO AVOID CONTRIBUTING 5 - UNSAFE SPEED SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # OF THROUGH LANES RAIL GRADE CROSSING 6 - IMPROPERTURN 12-IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 4 EVENTS 1 2 0 1 - OVERTURN/ROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - FOULPMENT FAILURE 11-CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WCRK ZONE MAINTENANCE OPPOSITE DIRECTION OF 2 - FIRE/EXP_OSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM EQUI PMENT TRAVEL 23-STRUCK BY FALLING. UNIT / NON-MOTORIST DIRECTION 18-ANIMAL - DEER 3 - IMMERSION B - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO CR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER J 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 4 TO 3 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 31 - GUARDRAIL END 25-IMPACT ATTENUATOR 37 - TRAFFIC SIGN POST 50 - WORK ZONE MAINTENANCE 43 - CURB / CRASH CUSHION EQUIPMENT 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51-WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45-EMBANKMENT

1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52-BUILDING 34 - MEDIAN GUARDRAIL 46 - FENCE 0 1 0 27 - BRIDGE PIER OR ABUTMENT 2 - CALCULATED / EDR BARRIER 40 - LITTLETY POLE 53-TUNNEL 47 - MAILBOX 28 - BRIDGE PARAPET 41 - OTHER POST, POLE 35 - MEDIAN CONCRETE 54-OTHER FIXED OBJECT 48 - TREE 3 - UNDETERMINED POSTED SPEED 29-BRIDGE RAIL OR SUPPORT 99-OTHER/UNKNOWN 49-FIRE HYDRANT 36 - MEDIAN OTHER BARRIER 30-GUARDRAIL FACE 42 - CULVERT , 2 , 5 , _ FIRST HARMFUL EVENT ______ MOST HARMFUL EVENT

4R. TREE

49-FIRE HYDRANT

99 OTHER / UNKNOWN

OR SUPPORT

42 - CULVERT

1 MOST HARMFUL EVENT

_ 29 -BRIDGE RAIL

30-GUARDRAIL FACE

FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

3 - UNDETERMINED

POSTED SPEED

2 5

OHIO DEP	SONO DEPARTMENT MATARIAT / NON MATARIAT								LOCAL REPORT NUMBER					
OF PUBLIC BAFETY MOTORIST / NON-MOTORIST							2,0,2,0,-,0,0,0,2,0,2,1,4,							
UNIT#	# NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
0.1	LOVE, NADINE, DASANI							0 9 1 6 1 9 5 7 6 3 F						
ADDRESS:	S: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
1146 LINDSAY AVE ,Akron ,OH 44306												= 8	1	
	INJURED E	EMS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	DOT-COM	SEATING POSITION	ON AIR BAG L	ISAGE EJECTION	N TRAPPED	
_ 5	BY L							0 4	MC HEL		1	11_	_1_	
OL STATE	OPERATOR LI	ICENSE NUMBER		OFFENS	E CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ON NUMBER		
OL STATE														
OL CLASS	SELECT UP TO?	RESTRICTION SELECT U	DIST	RACTED		HOL / DRUG SUSPE		CONDITION	STATUS TY	PE VALUE		TYPE RESU	S) LT select up to 4	
. 4 .			BY	1	=	HER DRUG	KIJUANA	1 .	1 1		1	1		
UNIT #	NAME: LAST, F	TRST. MIDDLE				HER BROG				DATE OF BIRTH		AGE	GENDER	
0.2		NON, ROSE, E							0.9.	0 9 1 9	. 3 . 0		F	
	STREET, CITY, ST		_	-				100		HONE - INCLUDE AREA		1/2/01		
4369 (GALAXY	OH 4, Stow ,OH 4	4224											
	INJURED	EMS AGENCY (NAME)	-	INJURED 1	TAKEN TO:	MEDICAL FACILITY	HAME, CITY)	SAFETY EQUIPMENT	- pot c	SEATING POSITI	ON AIR BAG L	JSAGE EJECTION	N TRAPPED	
5	TAKEN BY							USED 0 4	MC HEL		1 1	1	1 1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ON NUMBER	-	
O, H				333.03 CODE			X	Maximum Sp	eed Limits		66413			
OL CLASS	ENDORSEMENT SELECTUP TO 2	RESTRICTION SELECT U		VER TRACTED		HOL / DRUG SUSPE	ECTED	CONDITION	ALCO STATUS TY	OHOL TEST	STATUS	DRUG TEST(S) LT select up to 4	
4			BY	1		_	ANAULIS	. 1	1					
4				1	L OT	HER DRUG					_1_			
UNIT#	NAME: LAST, F	-IRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
ADDRESS	STREET, CITY, ST.	ATE 7ID							CONTACT	NIONE .				
ADDRESS	; 31KEE1, G111, 311	ATE, ZIP							CUNTACT	PHONE - INCLUDE AREA	CODE			
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKEN IN-	MEDICAL FACILITY	(NAME CITY)	SAFETY FOUIDMENT		SEATING DAGITI	ON AID PAC I	USAGE EJECTIO	N TRAPPED	
i incomize	TAKEN	Ello Macho I Mante		INDUNED	THINE (TO)	MEDIUME INGLES		USED	DOT-CON	APLIANT	AIR BAG	DOWNE ENERGIN	N IKAPPED	
	STATE OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFENSE D			OFFENSE DESC	SCRIPTION CITATION NUMBER						
OL STATE							CODE							
OL CLASS	ENDORSEMENT SELECTUPE 0.2	RESTRICTION SELECT O			ALCO	HOL / DRUG SUSPI	ECTED	CONDITION	ALC STATUS TY	OHOL TEST		DRUG TEST(
	SELECT UP : UZ		BY	TRACTED	AL	COHOL MAI	RIJUANA		SIAIUS	PC VALUE	STATUS	TYPE RESU	LT SELECT UPTO 4	
				-	L OT	HER DRUG								
1-FATAL	JRIES	SEATING POSITION	1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A	5	OL RESTRIC		1-NOT DISTRACTED		TEST ST 1-NONE GIVEN	ATUS	
The state of the last	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY		NAME OF THE PARTY.	2 - CLASS B		2 - CDL INTRASTAT	Think the control	2 - MANUÁLLY OPERATI	NG AN	2 - TEST REFUSED		
3-SUSPECTED	BILL STORY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE	NSES	DEVICE (TEXTING, T		3 - TEST GIVEN, CO		
4 - POSSIBLE II	A STATE OF THE STA	4 - SECOND - LEFT SIDE	VMLP-PKC153	ED BOTH FRO	NT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		DIALING)		SAMPLE / UNU 4 - TEST GIVEN, RI		
5 - NO APPARE	NI INJUHY	(MOTORCYCLE PASSENGER)	5 - NOT APP	MENT UNKN	nwn	5 - MAC MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS	THE RESERVE OF THE PARTY OF THE	3 -TALKING ON HANDS- COMMUNICATION DE	FREE	5 - TEST GIVEN, R		
Janes State of the	TAKEN BY	5 - SECOND - MIDDLE				6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-H	ELD	NIKNOMN		
1 - NOT TRANSF		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	F	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO	A STATE OF THE PARTY OF THE PAR	COMMUNICATION DE	SOUTH THE	ALCOHOL TI	EST TYPE	
2-EMS	T SOLITE	(MOTORCYCLE SIDE CAR)	1 - NOT EJE	STREET, ST.		H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITE ELECTRONIC DEVICE		1 - NONE		
3-POLICE		8 - THIRD - MIDDLE	No. of the last of	LY EJECTED		M - MOTORCYCLE		9- LEARNER'S PER	RMIT	6 - PASSENGER		2 - BL00D		
9-OTHER/UN	KNOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY	EJECTED		P - PASSENGER		RESTRICTIONS	II IOUT ONLY	7 - OTHER DISTRACTION		3 - URINE		
SAFETY	QUIPMENT	10 - SLEÉPER SECTION OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER		10 - LIMITED TO DAY	The state of the s	8-OTHER DISTRACTION		4-BREATH 5-OTHER		
1 - NONE USED	CONTRACTOR OF THE PARTY OF THE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED	aleren en	Q - MOTOR SCOOTER R - THREE WHEEL MI	TORCYCLE	12 - LIMITED - OTHI	BERTHER STATE	THE VEHICLE			TIVE	
	BELT ONLY USED	(NON-TRAILING UNIT, BUS,	1 - NOTTRA			S - SCHOOL BUS		13 - MECHANICAL D (SPECIAL BRAK		9-OTHER/UNKNOWN		DRUG TES	TIPE	
3 - LAP BELTO	NLY USED & Lap Belt USED	PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICA	ATED BY NICAL MEAN	5	T - DOUBLE & TRIPLE		CONTROLS, OR C	THER	CONDITION		2 - BL00D		
5 - CHILD REST	TRAINT SYSTEM -	CARGO AREA	3- FREED E	BY		X - TANKER / HAZMAT		ADAPTIVE DEV	COLUMN TO S	1 - APPARENTLY NORMA 2 - PHY SICAL IMPAIRME		3 - URINE		
FORWARD F		13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR	NU N-ME	CHANICAL N	ICANO.	GENDEF	?	15 - MOTOR VEHICLE	AND RESIDENCE OF THE PARTY OF T	3 - EMOTIONAL (E.G., DEF	RESSED,	4-OTHER	7 6	
REAR FACIN	NG	(NON-TRAILING UNIT)				F-FEMALE M-MALE		AIR BRAKES 16 - OUTSIDE MIRRI	OR .	ANGRY, DISTURBED) 4- ILLNESS	STATE OF THE PARTY OF	DRUG TEST	AND RESIDENCE AND RESIDENCE	
7 - 800STER S		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U OTHER / UNKNOWN	1	17 - PROSTHETIC AL		5 - FELL ASLEEP, FAINT		1 - AMPHETAMINI 2 - BARBITURATE		
8 - HELMET US 9 - PROTECTIV		77-UTIER/UNKNUWN						18 - OTHER		FATIGUED, ETC.		3 - BENZODIAZEP	The Park Street	
(ELBOW, KN		Tell Bally William								6- UNDER THE INFLUEN OF MEDICATIONS / DI	RUGS	4 - CANNABINOID	S	
10 - REFLECTIV		THE RESERVE		7 7 3		ALCOHOLD IN		A DES		/ ALCOHOL	ALTER O	5 - COCAINE		
11 - LIGHTING - / BICYCLE (Pi					1		9-OTHER/UNKNOWN		6-OPIATES/OPIG 7-OTHER	2010	
99-OTHER/UN								tak ing.				8-NEGATIVE RES	SULTS	

	OHIO DEP	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER					
~		,							2,0,2,0,-,0,0,0,2,0,2,1,4,					
U	WIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
_ L	01		ERS, BETTY	0,3,2,2,1,9,5,1,6,9, F										
PAN		STREET, CITY,			CONTACT PHONE - INCLUDE AREA CODE									
_			AVE ,Akron ,											
IN.	_	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O A							SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
, L	5						0,4	MC HELMET	0 3	1	11	1		
U	NIT#	NAME: LAS	T, FIRST, MIDDLE		DAT	E OF BIRTH		AGE	GENDER					
L	DDEES.	STREET, CITY,	CTATE 710			السلي								
OCCUPAN	DNE33;	SIREEI, CIIT,	SIAIE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
S IN	JURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (BANE CITY)		SEATING POSITION	Larger	1 1	1			
	4.	TAKEN			The state of the s	SAFETY EQUIPMENT USED	DOT-COMPLIANT	E EJECTION	TRAPPED					
υ	NIT#	NAME: LAST, FIRST, MIDDLE							E OF BIRTH					
١,					DATE OF BIRTH AGE GENDER									
A A	DDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN														
IN.	JURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAC	E EJECTION	TRAPPED			
L		BY					OSEB	MC HELMET						
U	NIT#	NAME: LAS	T, FIRST, MIDDI E.					DAT	E OF BIRTH		AGE	GENDER		
OCCUPAN	DDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
900	HIDIES		L'anna							1				
II.	JUKIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
			JRIES	SAFET	EQUIPMENT USED		SEATING POS	MC HELMET						
1	- FATA			1 - NONE US			T - LEFT SIDE	IIIUN	1 - NOT DE	AIR BAG	USAGE			
2	2 - SUSPECTED SERIOUS INJURY				OCCUPANT	/ER) 2 - DEPLOYED FRONT								
3	3- SUSPECTED MILNOR INJURY				R BELT ONLY USED	T – MIDDLE T – RIGHT SIDI	E 3 - DEPLOYED SIDE							
		SIBLE INJU			ONLY USED	ND - LEFT SIDE								
5	5 - NO A	PPARENT	INJURY		4 - SHOULDER & LAP BELT USED (MOTORCYCLI 5 - CHILD RESTRAINT SYSTEM – 5 - SECOND – MIC									
	SEV		TAKEN BY	FORWAR	FORWARD FACING 6 - SECOND - RIGHT				SIDE 9 - DEPLOYMENT UNKNOWN					
]	1 - NOT TRANSPORTED 6 /TREATED AT SCENE			6 - CHILD RE	ESTRAINT SYSTEM -	D – LEFT SIDE ORCYCLE SIDE	CAR)		EJECT	4.42				
2				7 - BOOSTER	SEAT	8 - THIR	D - MIDDLE		1 - NOT EJ		IUN			
3	3 - POLICE 8 - H			8 - HELMET	USED		D – RIGHT SIDE PER SECTION OF TRUCK CAB 2 - PARTIAI				LLY EJECTED			
G					IVE PADS USED		ENGER IN OTH	CANCEL TO A STATE OF THE PARTY	3 - TOTALL	Y EJECTE	D			
	GENDER				KNEES, ETC.) TVE CLOTHING		O AREA (NON-TI		4 - NOT AP	PLICABLE				
100	F-FEMALE				G - PEDESTRIAN	12 - PASS	ENGER IN UNE		Etheral sale	TRAP	PED			
9.00	U - OTHER / UNKNOWN			/ BICYCL		O AREA		1 - NOTTRAPPED						
				99 - OTHER/	UNKNOWN		G ON VEHICLE	EXTERIOR	2 - EXTRIC		MECHANI	CAL		
							TRAILING UNIT) MOTORIST		3 - FREED BY NON-MECHANICAL			AL		
						99 - OTHE	R/UNKNOWN		MEANS					
	AME: LAS	ST, FIRST, MIDI	DLE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	DDDESS	STREET, CITY	CTATE 710											
M "	-PUC23	. JINCERGIIY	JOINIE, EIP					CONTACT PHONE	- INCLUDE AREA CO	DE		100		
	AME: LAS	ST, FIRST, MIDI	DI E			-		DAT	E OF BIRTH		AGE	GENDER		
								DAI	_ 0. 9m1n		AUE	BEMDEK		
WITNESS	DDRESS:	: STREET, CITY	STATE ZIP					CONTACT PHONE	- INCLUDE AREA CO	DF		4		
	Name of the last	No.							1					
	AME: LA	ST, FIRST, MIDI	DLE			/		DAT	E OF BIRTH		AGE	GENDER		
WITNESS	DDRESS	STREET, CITY	STATE ZIP	-				CONTACT SUCCE			111			
W								CONTACT PHONE		DE				
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