OHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*				
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION								$\begin{bmatrix} 2 & 0 & 2 & 2 & 2 & -10 & 0 & 0 & 1 & 5 & 7 & 3 & 2 & 1 \end{bmatrix}$					
SECONDARY CRASH							NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL			
							$\frac{6 \cdot 7 \cdot 0 \cdot 3}{}$	LJ 2 - UNSOLVED	0 2 T	U I 99 - UNKNOWN			
67 1 1 2-V	ILLAGE Kons		E,TOWNSHIP*				CRASH DATE /T   0 9 1 6 2 0 2 2		CRASH SEVERITY 1 - FATAL				
3-1	MBER PREFIX N - N	ORTH LOCAT	ION ROAD NAME		51 % W A	ROAD TYPE	LATITUDE DEG		2 - SERIOUS INJURY SUSPECTED				
S - SOUTH   S - SOUTH   MIAIN							$ \mathbf{S} \cdot \mathbf{T} $	   4,1,1,5,3,	7.2.8	3 - MINOR INJURY SUSPECTED			
	MBER PREFIX N - N	ORTH REFER	ENCE ROAD NAM	E (ROAD, I	MILEPOST, HO	USE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4-INJURY POSSI					
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST HORNING  W-WEST HORNING							$ \mathbf{R}, \mathbf{D} $	-8,1,3,3,9	2,4,7	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT	DIRECTION FROM REFERENCE	VEST R	OUTE TYPE			ROAD TYPE			NTERSECTION REL	***************************************			
1 - INTERSECTION 2 - MILE POST	N - NORTH		STATE ROUTE(TP AL US ROUTE				RD - ROAD SQ - SQUARE	X WITHIN INTE	RSECTION OR ON AP				
3-HOUSE #	E - EAST W - WEST	SR - STATE		BL.	- BOULEVARD	MP - MILEPOST	ST - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR - NUMBI	ERED COUNTY RO	IITF I			TE - TERRACE TL - TRAIL		ROADWAY				
5, , ,	1-MILES 2-FEET 13-YARDS	TR - NUMBI ROUTE	ERED TOWNSHIP	1 "			WA - WAY	ROADWAY DIV	IDED				
		LEVENT				PL - PLACE COLLISION/IMPA	NCT.	DIDECTION OF TRAVE		FOTALLYNDE			
1 - ON ROADWA		SSQVER		1 - NOT	COLLISION 4	- REAR-TO-REAR	401	DIRECTION OF TRAVE N - NORTH		EDIAN TYPE DED FLUSH MEDIAN			
0 1 2-ON SHOULD		IVEWAY/ALLEY ILWAY GRADE (	1. 7.	, TWO	MOTOR	- BACKING - ANGLE		S-SOUTH E-EAST	11 1	FEET ) DED FLUSH MEDIAN			
4 - ON ROADSID 5 - ON GORE		ARED USE PATH	IS OR	TRA	NSPORT 7	- SIDESWIPE, SA		W-WEST	1	FEET ) DED, DEPRESSED MEDIAN			
6 - OUTSIDE TR	RAFFIC WAY 13-BIK	E LANE		2 - REAI 3 - HEAI		- SIDESWIPE, OPF - OTHER / UNKNO			4 - DIVI	DED, RAISED MEDIAN 'TYPE'			
7-ON RAMP 8-OFF RAMP		.L BOOTH HER/UNKNOW	N						1	ER/UNKNOWN			
WORK ZONE RELA	TED	WOR	K ZONE TYPE		LOCATIO	OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIONS	SURFACE			
WORKERS PRESEN		1 - LANE (	CLOSURE SHIFT/CROSSOVE	•	1 -	BEFORE THE 1ST WARNING SIGN	WORK ZONE	_2_	1	2			
LAW ENFORCEME		3 - WORK	ON SHOULDER	`	1	ADVANCE WARNS		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
Proving .		or MEI 4 - INTER	DIAN MITTENT OR MOV	ING WORK	1	ACTIVITY AREA	:А	2 - STRAIGHT GRADE 3 - CURVE LEVEL	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOOL Z	ONE	5 - OTHER			5 -	TERMINATION A	REA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK			
	CONDITION	Ì	1 - CLEAR	WEATH		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - S				T, 4 - SLAG, GRAVEL,			
1 - DAYLIGHT 2 - DAWN/DUSK		.0.	1 2-CLOUDY			CROSSWINDS			6 - WATER (STAND	STONE ING, 5-DIRT			
3-DARK-LIGH	HTED ROADWAY DWAY NOT LIGHTED		3 - FOG, SMI 4 - RAIN	G, SMOKE		G SAND, SOIL, DIF G RAIN OR FREE		. ]	MOVING) 7-Slush				
	(NOWN ROADWAY LI		5 - SLEET, F	AIL	99 - OTHER				9 - OTHER/UNKNO	VN			
NARRATIVE	KNOWN									A Tudiosto the worth			
	monner v	Y PRINTS A TRIB	YC ON E						<	Indicate the north direction with an "N" on the			
UNIT 2 WAS S										compass diagram.			
MAIN ST. NE	EAR HORN	ING RD.	UNIT 1			! !							
FAILED TO	MAINTAIN	AN ASSI	JRED CLI	EAR									
DISTANCE A	HEAD STR	IKING U	JNIT 2.			<u></u>							
									_				
								1 1 Unit 2					
	<del></del>					<u> </u>		E. MAIN ST.	)				
								HORAUING RD.	1 1 1	Not To Scale			
		1		Š		TOUR TO SCRIP							
					-								
AD ACH DEPOSTER	DATE /TIME	ntona	TCH DATE / TIME		1 45	RIVAL DATE / TIP	AE T	SCENE CLEAREI	DATE /TIME	REPORT TAKEN BY			
CRASH REPORTED										DOLLOS ACENCY			
TOTAL TIME	2 <sub>1</sub> / ;1 <sub>1</sub> 9 <sub>1</sub> 1 <sub>1</sub> 3 <sub>1</sub>   Other	TOTAL	OFFICER'S NAT		$ \mathbf{u}  \mathbf{y}_1 \mathbf{I}_1 0$	<u>  4   U   4   4   /  </u> 		7   0.9.1.6.2.0.2.2.7.1.9.4.7					
ROADWAY CLOSED IN		MINUTES	Aucklan	d, Kyl		Nelson, Josh				SUPPLEMENT (CORRECTION OR ADDITION			
	$\begin{bmatrix} 0 & 3 & 0 \end{bmatrix}$	0_6_2	0FI 2 3	ICER'S B	ADGE NUMBE	R*		ED BY OFFICER'S BADGE	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS)			
	<u> </u>	<u> </u>		1 0				<i>y</i>		1			

LOCAL REPORT NUMBER

2,0,2,2,-,0,0,0,1,5,7,3,2

UNIT #	OWNER NAME: LAST, FIRST KASSOUF, EF			OWNER PHONE: MICLUS	DE AREA CODE ( TSAME AS DRIVER)	DAMAGE DAMAGE SCALE				
OWNER A	DDRESS: STREET, CITY, STATE,	ZIP (X SAME AS DRIVER)	44011			1 - NONE 3 - FUNCTIONAL DAMAGE  2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
	CIAL CARRIER: NAME, ADDRE		44011	COMMERCIAL CARRIER F	PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
LP STATE	LICENSE PLATE #	VEHICLE	IDENTIFICATION #	VEHICLE YEA	R VEHICLE MAKE	DAMAGED AREA(S) INDICATE ALL THAT APPLY				
$\mathbf{O}_{\mathbf{H}}$	JDG6274	$[1_{1}\mathbf{F}_{1}\mathbf{A}_{1}\mathbf{D}_{1}\mathbf{P}_{1}3_{1}\mathbf{F}_{1}$	2,7,E,L,2,8,6,4 SURANCE POLICY#			11 12	11 12			
INSUR/ VERIF		RM D3	389254F1435A	RED	FOCUS	10 1 1 2	10 12 1 2			
Сомм	TYPE OF USE  ERCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY Bakers Towing		9 10 2 3	9 10 2 3			
INTER	RLOCK HIT/SKIP UNIT	#OCCUPANTS VEH	ICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	MATERIAL C	JS MATERIAL Lass# Placard ID#	8 7 5 4	8 7 5 4			
Eguii	PPED -	0,1	2 - 10,001 - 26K LBS 3 - >26K LBS.	PLACARD L		7 6 5	7 6 5			
_ <mark>0_1</mark> _ UNIT TYP	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE E 4 - PICK UP 5 - CARGO VAN	8 - MOTORCYCLE 3-WHEELEO 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE	13 - SNOWMOBILE 14 - Single Unit Truck 15 - Semi-Tractor	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELGHAIR (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	10	12 11 10 2 9 9 13 3 8 4 7 7 10 15 4			
00		(ATV/UTV)			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12 1	6 5 12 1			
2	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNKN 1-NONE	? O O O O O O O O O O O O O O O O O O O	1 - DRIVER ASSISTANCE 2 - Partial Automation	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 16 - FARM	9 - UNKNOWN 21 - MAIL CARRIER	10 12 1 10 2 2 0 3 4	10 11 1 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10			
O <sub>1</sub> 1  SPECIAL FUNCTIO	2 FLEATONIA DIDE CHANKE	8 - BUS - SHUTTLE 9 - BUS - OTHER	12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	17-MOWING 18-SNOW REMOVAL 19-TOWING 20-SAFETY SERVICE PATROL	99-OTHER/UNKNOWN	7 6 5	12 12 12			
O 1 CARGO BODY TYPE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10-FLAT BED 11-DUMP	12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3 9	3 9 3 3			
O 1 VEHICLI DEFECT	1 - TURN SIGNALS E 2 - HEAD LAMPS S 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10-disabled from Prior Accident	99-OTHER/UNKNOWN	6 □ - NO DAMAGE (	6 6 6 6  O]			
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND 10-DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	-ALL AREAS [15]			
NON-MOTORI LOCATIO AT IMPAC		CROSSWALK 5 -TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	☐ - UNI	T NOT AT SCENE [16]			
3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 1 1 1 1	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RICHTTURN 6 - MAKING LEFTTURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAMA	TO UNIT 15 - VEHICLE NOT AT SCENE			
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD/	13-IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
0.8	4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID	EQUIPMENT 19-LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 - TW0-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CONTRIBUTI CIRCUMSTAN	ING CES 5 - UNSAFE SPEED 6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	SPILLING 20-improper crossing	99-OTHER IMPROPER ACTION	# OF THROUGH LANES	RAIL GRADE CROSSING			
S CIRCUMSTAN L SEQUEN	CE OF EVENTS		NON-COLL TOTAL			ON ROAD	1 - NOT INVOLVED  1 - 2 - INVOLVED-ACTIVE CROSSING			
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	NON-COLLISION  11-CROSS CENTERLINE OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE 17 - Animal — Farm	22 - WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING			
2	3 - IMMERSION  J 4 - JACKKNIFE  5 - CARGO / EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10-CROSS MEDIAN	TRAVEL  12-DOWNHILL RUNAWAY  13-OTHER NON-COLLISION  14-PEDESTRIAN  15-PEDALCYCLE  N WITH FIXED OBJEC	18-ANIMAL — DEER 19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		1 - NORTH   5 - NORTHEAST   2 - SOUTH   6 - NORTHWEST   3 - EAST   7 - SOUTHWEST   4 - WEST   8 - SOUTHWEST   0 - OTHER (INIVARIANIA)			
41	25 - IMPACT ATTENUATOR  / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43-CURB 44-DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED	9 - OTHER/UNKNOWN  DETECTED SPEED			
5[	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMEN 28 - BRIDGE PARAPET	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT / LUMINARIES Support 40 - Utility Pole	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	51 - WALL 52 - Building 53 - Tunnel	0,2,0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR			
6L_L	29-BRIDGE RAIL 30-GUARDRAIL FACE	35-MEDIAN CONCRETE BARRIER 36-MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48-TREE 49-Fire Hydrant	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED  3 5	3 - UNDETERMINED			

LOCAL REPORT NUMBER

2 0 2 2 - 0 0 0 1 5 7 3 2

	OWNER NAME: LAST, FIRST, FECKO, DRE			OWNED BHOME, melen	C ADÉA CORC. ( CAMEC AS PORTUED)	DAMAGE  DAMAGE SCALE				
OWNER AD	DRESS: STREET, CITY, STATE, I	ZIP (X SAME AS DRIVER)				2 1 - NONE 3 - FUNCTIONAL DAMAGE				
	ONNIE LN ,AU (AL CARRIER: NAME, ADDRE		02	Conservat Cantree B	HONE: INCLUDE AREA CODE	2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN				
COMMERCI	ME OMNIEN: NAME, ADDING			GOWMERGIAL GARRIER I	I I I I I I I I I I I I I I I I I I I	DAMAGED AREA(S)				
	LICENSE PLATE # JHB9295		DENTIFICATION # $\mathbf{D}_{0}\mathbf{H}\mathbf{U}\mathbf{E}_{0}5_{1}2_{1}4$	VEHICLE YEA 1 8 9 2 0 1 7		INDICATE	E ALL THAT APPLY			
INSURAN VERIFIE		NY INS	SURANCE POLICY # 43730E0135E	COLOR BLK	VEHICLE MODEL ESCAPE	11 12 1	11 12 1			
	TYPE OF USE		US DOT #	TOWED BY: COMPANY		10 2	11 11 2 2			
COMMER	CIAL GOVERNMENT	IN EMERGENCY RESPONSE	CLE WEIGHT GVWR/GCWR		S MATERIAL	$9$ $\frac{9}{6}$ $\frac{3}{4}$ $\frac{3}{4}$	$9$ $\frac{9}{8}$ $\frac{3}{4}$ $\frac{3}{4}$			
INTERL DEVICE	OCK HIT/SKIP UNIT	#UCCUPANTS	1 - ≤10KLBS. 2 - 10,001 - 26KLBS.	RELEASED	LASS # PLACARD ID #	8 7 6 5	8 7 5 5			
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER										
.0.1.	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13-SNOWMOBILE	19-BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10	11 2			
UNIT TYPE	4 - PICK UP	10-MOPED OR MOTORIZED			25 - OTHER NON-MOTORIST 26 - BICYCLE	9 (	9 3 3			
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - Motorhome		27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	0 1 4 7				
00	# of TRAILING UNITS	(ATV/UTV)				12 7	6 5 12			
	WAS VEHICLE OPERATING IN AUT			3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	10 12 12	10 12 2			
1 7	1-YES 2-NO 9-OTHER/UNKN	IOWN AUTONOMOUS		4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 2	10 2			
	1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM	21 - MAIL CARRIER	3 3 4	$\begin{array}{c c} 9 & 3 & 3 \\ \hline & 14 & 3 \end{array}$			
<b>.0</b> ,1				17 - MOWING 18 - SNOW REMOVAL	99-OTHER/UNKNOWN	8 7 6 4	8 7 6 6			
SPECIAL FUNCTION	3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT			19-TOWING		7 6 5	6 5			
	5 - BUS -TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT		10 ANI/ODETH MINES		12 12 12			
01	/ NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER Motor Vehicle	CHASSIS	8 - POLE 9 - CARGO TANK	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER	12 <b>0 0</b>				
CARGO BODY TYPE	2 - BUS		T ABAINMITEAMANIEL	10-FLAT BED 11-DUMP	14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 EL 3 9 .	3 9 3 3			
1, , ,		4 - BRAKES		9 - MOTORTROUBLE	99 - OTHER / UNKNOWN	6				
VEHICLE		5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR Accident			6 6 6			
	2		6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE [ C	]			
LL_J	CROSSWALK  2-INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10-DRIVEWAY ACCESS	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	☐-TOP [13]	-ALL AREAS [15]			
LOCATION AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS		□-UNIT	NOT AT SCENE [16]			
			7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	INITIAL	POINT OF CONTACT			
	3-STRIKING	2 - BACKING 3 - Changing Lanes	9 - LEAVING TRAFFIC LANE	14-ENTERING OR CROSSING SPECIFIED LOCATION	19-STANDING	0 - NO DAMAGI 0 - 6   1-12 - REFER T	E 14 - UNDERCARRIAGE O UNIT 15 - VEHICLE NOT AT SCENE			
ACTION	4- STRUCK PRE-CRASH 5- BOTH STRIKING ACTIONS	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED	15-WALKING, RUNNING, Jogging, Playing	20 - OTHER NON-MOTORIST 21 - Standing Outside	DIAGRA				
	& STRUCK 9-OTHER/UNKNOWN	6 - MAKING LEFTTURN	IN TRAFFIC 12 - DRIVERLESS	16-WORKING 17-Pushing Vehicle	DISABLED VEHICLE 99 - OTHER / UNKNOWN	13 - TOP				
	1-NONE	7 - LEFT OF CENTER	13-IMPROPER START FROM A	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC TRAFFIC CONTROL			
0 1	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8-FOLLOWING TOO CLOSE / ACDA 9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	18-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
0 1 CONTRIBUTING	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY  15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY  99-OTHER IMPROPER ACTION	2 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
G CIRCUMSTANCE	5 - UNSAFE SPEED 6 - IMPROPERTURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20-IMPROPER CROSSING	74 - VIII EN DIR NOFEN AUTION	# OF THROUGH LANES	RAIL GRADE CROSSING			
SEQUENCI	E OF EVENTS		NON-COLL TOTAL			ON RUAD	1 - NOT INVOLVED  1 - NOT INVOLVED-ACTIVE CROSSING			
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION  11-CROSS CENTERLINE — OPPOSITE DIRECTION OF	16-RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING			
	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - Ran off road right	TRAVEL  12 - DOWNHILL RUNAWAY	17 - ANIMAL — FARM 18 - ANIMAL — DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / NO	I-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST			
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10-cross median	13-OTHER NON-COLLISION	19-ANIMAL — OTHER 20-Motor Vehicle in	ANYTHING SET IN MOTION By a motor vehicle	1	2 - SOUTH 6 - NORTHWEST			
3	LOSS OR SHIFT	AUAAN MERIUM	14-PEDESTRIAN 15-PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM 4 TO L	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
	25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAIL END	N WITH FIXED OBJEC 37-Traffic sign post	T - STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE	-	9 - OTHER / UNKNOWN			
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES	44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED			
5	STRUCTURE  27 - BRIDGE PIER OR ABUTMENT	34-MEDIAN GUARDRAIL	SUPPORT 40 - UTILITY POLE	46-FENCE	52 - BUILDING 53 - TUNNEL	$\begin{bmatrix} 0 & 0 & 0 \end{bmatrix}$	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR			
	28-BRIDGE PARAPET 29-BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47-MAILBOX 48-TREE	54-OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED			
6	30-GUARDRAIL FACE	36-MEDIAN OTHER BARRIER	42 - CULVERT	49-FIRE HYDRANT	99-OTHER/UNKNOWN	3 5				
_1_	FIRST HARMFUL EVE	NT $oxdot 1$ most h	ARMFUL EVENT							

OHIO DEP	OHIO DEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
										$2 \cdot 0 \cdot 2 \cdot 2 \cdot 2 \cdot - 0 \cdot 0 \cdot 0 \cdot 1 \cdot 5 \cdot 7 \cdot 3 \cdot 2$					
UNIT#		NAME: LAST, FIRST, MIDDLE LASZLO, BAILEY, JADE								DATE OF BIRTH AGE GENDER					
	STREET, CITY, STAT		ת				,		0   2   2   4   2   0   0   4   1   8   F						
<b>(21</b>	DETROIT RD ,AVON ,OH 44011									GONTAGI PRONE - INCLUSE AREA CODE					
≥ INJURIES										SEATING POSITION	I AIR BAG I	USAGE EJECTION	TRAPPED		
NON 5	TAKEN BY							USED 0 4	DOT-COMPLIANT 0 1 1 1 1						
OL STATE	OPERATOR LIC									TON NUMBER					
O H.				333.03 CODE Maximum			Maximum Spo	speed Limits 2184			45				
OL CLASS	SELECT UPTO 2 RESTRICTION SELECT UPTO 3 DR			RIVER ALCOHOL / DRUG SUSPECTED CONDIT			CONDITION	ALCI STATUS TY	DHOLTEST PE VALUE		DRUG TEST(S TYPE   RESUL	) T SELECTUPTO 4			
. 4 .			BY	1		COHOL MAR	RIJUANA	. 1	1 1		1	1			
UNIT #	NAME: LAST, FI	IRST MIDDLE		1 OTHER DRUG				DATE OF BIRTH AGE GENDER							
		), JACK, THOMA	\S						. 0 . 8 .	$2 \downarrow 0 \downarrow 2 \downarrow 0$	. 0 . 2		M		
	STREET, CITY, STA	· · · · · · · · · · · · · · · · · · ·								PHONE - INCLUDE AREA O			11-11-		
265 B	ONNIE I	LN ,Aurora ,OH 4	4202												
INILIBIES	INJURED   F	MS AGENCY (NAME)		INJUREDT	AKEN TO: 1	MEDICAL FACILITY	(NAME, CITY)		DOT-Co	SEATING POSITIO	N AIR BAG	USAGE EJECTION	TRAPPED		
5_5	TAKEN			USEC				0 4	MC HEL	MET 0 1	1		1_1		
OL STATE	OPERATOR LI	CENSE NUMBER		OFFENS	E CHAR	GED	LOCAL CODE	OFFENSE DESC	RIPTION		CITAT	ION NUMBER			
<u>O, H</u>	ļ .		<del></del>	1					21.0	OHOL TECT		DDUATECT/	.,		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP	DRI DIS BY	INVER ALCOHOL / DRUG SUSPECTED CONDITION STRACTED ALCOHOL MARIJUANA				CONDITION	STATUS TYPE VALUE STATUS TYPE RESULT SELECTUPTO 4						
. 4	.				1 OTHER DRUG 1			1							
UNIT#	NAME: LAST, F			h	DATE OF BIRTH AGE				GENDER						
·	1										1	_			
ADDRESS:	: STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
010	<u>,</u>			- <sub>1</sub>				1	T DOTO SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
INJURIES	ES INJURED   EMS AGENCY (NAME)   INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFE						SAFETY EQUIPMENT USED	DOT-CO	MPLIANT	ON AIR BAG	USAGE   EJECTIOI	N TRAPPED			
OL STATE	OPERATOR LI	ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFE			OFFENSE DESC	SCRIPTION CITATION NU			ION NUMBER	<u> </u>			
ORI															
OL CLASS	ENDORSEMENT	RESTRICTION SELECT U		IVER	ALCO	HOL / DRUG SUSP	ECTED	CONDITION	ALC STATUS T	OHOL TEST YPE VALUE	STATUS	DRUG TEST( Type   resu	S) LT SELECTUP (04		
	SELECT UP TO 2		BY	STRACTED			RIJUANA		STATUS	IT VALUE	SIMIUS	TITE KESO	LI SECECIOFICA		
LINTI	URIES	SEATING POSITION		AIR BAG	∐ от	HER DRUG OL CLAS	c.	OL RESTRIC	TYON(S)	DRIVER DISTRAC	TION	TEST ST	ATIIS		
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DE	ALAST L. C. C. S.		1 - CLASS A		1 - ALCOHOL INTÉ		1 - NOT DISTRACTED		1 - NONE GIVEN			
	D SERIOÙS INJURY D Minor injury	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOY 3 - DEPLOY			2 - CLASS B 3 - CLASS C		2 - COL INTRASTA 3 - CORRECTIVE L		2 - MANUALLY OPERATI Electronic commu		2 - TEST REFUSED 3 - TEST GIVEN, C	MARK 2007 300		
4 - POSSIBLE I		3 - FRONT - RIGHT SIDE		YED BOTH FRO	NT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	ENSES	DEVICE (TEXTING, T DIALING)		SAMPLE/UNU	SABLE		
5 - NO APPARE	NT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT AP	1935 G 14	ou ni	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS	我看一点,"小孩子"。	3 - TALKING ON HANDS- COMMUNICATION DE		4 - TEST GIVEN, R 5 - TEST GIVEN, R	经股份 计可控制 医甲		
	TAKEN BY	5 - SECOND - MIDDLE 6 - Second - Right Side	9-DEPLUI	6 - NO VALID OL & CLASS B BU				& CLASS B BUS		4 - TALKING ON HAND-H	ELD	UNKNOWN			
1 - NOT TRANS /TREATED/		7 - THIRD - LEFT SIDE		PIPOTTON OF PROOPERMENT				7 - EXCEPT TRACT 8 - INTERMEDIAT		COMMUNICATION DE 5 - OTHER ACTIVITY WI	A 2 3 5 1 1 1 1 1	ALCOHOL T	EST TYPE		
2 - EMS		(MOTORCYCLE SIDE CAR)  8-THIRD - MIDDLE	1 NOT EJ			H - HAZMAT M - Motorcycle		RESTRICTIONS		ELECTRONIC DEVICE 6 - Passenger		1 - NONE 2 - Blood			
3-POLICE 9-OTHER/UN	VKNOWN	9 - THIRD - RIGHT SIDE	100	ILLY EJECTED Y ejected		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS		7 - OTHER DISTRACTION		3 - URINE			
SAFETY	EQUIPMENT	10-SLEEPER SECTION OF TRUCK CAB	4 - NOT AP	PLICABLE		N-TANKER		10 - LIMITED TO DA				4 - BREATH 5 - OTHER			
1 - NONE USEC	D	11 - PASSENGER IN OTHER Enclosed Cargo area		TRAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL N	and the second	10 LIMITED AT		THE VEHICLE  9 - OTHER / UNKNOWN		DRUG TEST TYPE			
2 - SHOULDER 3 - Lap Belt 0	( BELT ONLY USED ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTR 2 - EXTRIC	Market Land		S - SCHOOL BUS		13 - MECHANICAL (SPECIAL BRA	KES, HAND			1 - NONE			
100 200	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED Cargo area	MECHA	ANICAL MEAN	S	T - DOUBLE & TRIPL  X - TANKER / HAZMA		CONTROLS, OR ADAPTIVE DE		CONDITION  1 - APPARENTLY NORM		2 - BLOOD 3 - URINE			
5 - CHILD RES Forward I	TRAINT SYSTEM - Facing	13 - TRAILING UNIT	3 - FREED Non-M	IECHANICAL N	<b>IEANS</b>	GENDE	D	14 - MILITARY VEH	20 4 3 MA 30 F	2 - PHYSICAL IMPAIRM		4-OTHER			
6 - CHILD RES Rear faci	STRAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		15 - MOTOR VEHIC AIR BRAKES		3 - EMOTIONAL (E.G., DE ANGRY, DISTURBED)	PRESSED,	DRUG TEST	RESULT(S)		
7 - BOOSTER S		15 - NON-MOTORIST				M-MALE	761	16 - OUTSIDE MIRI 17 - Prosthetic /		4 - ILLNESS	CD.	1 - AMPHETAMIN	化二氯甲基乙基二甲		
8 - HELMET U	and the second second	99-OTHER/UNKNOWN				U - OTHER / UNKNOW	(N	17 - PROSTHETICA		5 - FELL ASLEEP, FAINT FATIGUED, ETC.		2 - BARBITURATI 3 - BENZODIAZEI			
(ELBOW, K	VE PADS USED (NEES, ETC.)									6 - UNDER THE INFLUE of Medications / C		4 - CANNABINOII			
10 - REFLECTIV	the state of the state of									/ALCOHOL 9 - OTHER / UNKNOWN		5 - COCAINE 6 - OPIATES/OP	IOIDS		
/ BICYCLE	ONLY											7-OTHER			
99-OTHER/U	NKNUWN						2000					8 - NEGATIVE RE	SULTS		

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER						
	UNIT#	NAME. LACT	, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
	02		OUF, ERIK, R					0   5   1			1	M		
		STREET, CITY, S	•					CONTACT PHONE - INCLUDE AREA CODE						
ᆲ.		DETRO INJURED	OIT RD ,AVON  EMS AGENCY (NAME)	OH 440	CACCTY CANDMENT	L								
	5	TAKEN BY	EWS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	r (NAME, CITY)	USED 0 4	DOT-COMPLIANT MC HELMET	0 3	1	1	1		
	UNIT#	NAME: LAST	, FIRST, MIDDLE	.,,				DAT	E OF BIRTH		AGE	GENDER		
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CUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP			CONTACT PROFILE - INCLUDE AREA CODE								
₽.	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-Compliant	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BY L			L			MC HELMET						
	UNIT#	NAME: LAST	T, FIRST, MIDDLE		'	DAT	E OF BIRTH		AGE	GENDER				
Į.	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
OCCUPAN									· · · · · · · · · · · · · · · · · · ·					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	y (name, city)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE			DAT	E OF BIRTH		AGE	GENDER				
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30	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facilit	Y (NAME, CITY)	SAFETY EQUIPMENT	DOT-Compliant	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	L1	TAKEN BY					USED	MC HELMET						
	1 - FATA	Section 1	JRIES	SAFET 1 - NONE US	/ EQUIPMENT USED ED-	4 40 HODES	SEATING POS IT – LEFT SIDE	ITION AIR BAG USAGE  1 - NOT DEPLOYED						
	현대원	100	RIOUS INJURY		OCCUPANT	禁止 电二氯代化化二铂	ORCYCLE DRIV IT – MIDDLE							
			(NOR INJURY		ER BELT ONLY USED T ONLY USED	3 - FRON	IT – RIGHT SID							
		SIBLE INJU APPARENT	왕들이 나왔다는 하시는데 뭐	4 - SHOULDI	ER & LAP BELT USED	The state of the s	ND – LEFT SID ORCYCLE PASS		4 - DEPLO FRONT	NT/SIDE				
		18	TAKEN BY		ESTRAINT SYSTEM – D FACING	身 计正规数字	ND – MIDDLE ND – RIGHT SI	DE	PLICABLE	ABLE NT UNKNOWN				
		TRANSPOR	RTED		ESTRAINT SYSTEM -	7 - THIR	D – LEFT SIDE ORCYCLE SIDE							
	7 FK 2 - EMS	EATED AT S 3	CENE	REAR FA 7 - BOOSTEI	[20] [20] [20] [20] [20] [20] [20] [20]	8 - THIR	D – MIDDLE		1 - NOT E.	EJECTION 1 - NOT EJECTED				
	3 - POL	184 (1948)	)) (2013년 - 1일 (1923년) 1945년 - 1945년 - 1945년	8 - HELMET	USED	化电子电子电子 电电路电路	D – RIGHT SID EPER SECTION		2- PARTIALLY EJECTED		ED			
	9 - OTH	ER/UNKN	DWN		CTIVE PADS USED 11 - PASSENGER IN OT W, KNEES, ETC.) CARGO AREA (NON-									
	F - FEM	20042000	NDER		TIVE CLOTHING	BUS,	PICK-ÚP WITH CA							
	M - MAL	E		11 - LIGHTIN / BICYCL	G – PEDESTRIAN E ONLY	CAR	GO AREA							
	U - OTHI	ER/UNKNO	WN.	99 - OTHER/	UNKNOWN	all against the	ILING UNIT NG ON VEHICLI	E EXTERIOR 2 - EXTRICATED BY MECHANICAL  MEANS						
ĺ						tille i Attack	-TRAILING UNIT) -MOTORIST		3 - FREED	BY NON-MI	CHANIC	CAL		
						99 - OTH	ER/UNKNOWN		MEAN	S		(		
SS	NAME: L/	AST, FIRST, MIDI	DLE					DA	TE OF BIRTH		AGE	GENDER		
N I I	ADDRESS	S: STREET, CITY	, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA C	CODE		<u> </u>		
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SS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER					
W. WA	ADDRES	S: STREET, CIT	Y, STATE, ZIP				:	CONTACT PHON	IE - INCLUDE AREA	CODE		•		
	NAME: L	AST, FIRST, MID	DLE		e de la companya de l			D <sub>i</sub>	ATE OF BIRTH		AGE	GENDER		
JESS.									<u> </u>					
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