OHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER*				
T PHOTOS TAKEN	AL INFORMAT		2 + 0 + 2 + 2 + - + 0 + 0 + 0			0,4,0,4,3,						
OH-1P OTHER REPORTING AGENCY NAME*							NCIC*	HIT/SKIP 1 - SOLVED	UNIT IN ERROR 98 - ANIMAL			
Income!	PRIVATE PRO				ce	<u> [0                                   </u>	6   7   0   3	LJ 2 - UNSOLVED	<u></u>	U Z 99 - UNKNOWN		
COUNTY* LOCALITY*	LOCAT		LAGE, TOWNSHIP	*				CRASH DATE / T	IME* / 1 6 1 2   5	CRASH SEVERITY 1 - FATAL		
10 / L1 3-T	VILLAGE Ker				***************************************					2 - SERIOUS INJURY		
ROUTE TYPE ROUTE NU $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	S-	SOUTH	ATION ROAD N	NAME		ROAD TYPE LATITUDE DECIMAL DEGREES				SUSPECTED 3 - MINOR INJURY		
$[S_+R_+]_{[5,9]_+}$	<u> ш</u> w-	MESI	AIN				ST	4110153	SUSPECTED			
ROUTE TYPE ROUTE NU	S-	SOUTH		D NAME (ROA	AD, MILE POST, HO	IUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE		
	W -	EAST 70	<u> </u>					811 6 3 4 8	2   8   7	ONLY		
REFERENCE POINT  1 - INTERSECTION	DIRECTION FROM REFERENCE	IR - INT	ROUTE TYPE ERSTATE ROU		AL - ALLEY	ROAD TYPE HW- HIGHWAY	RD - ROAD	ļ ,	INTERSECTION RE			
3 2 - MILE POST	N - NORT S - SOUTI	Y 1	ERAL US ROU				SQ - SQUARE	WITHIN INTE	RSECTION OR ON AP	PROACH		
3- HOUSE #	W-WES	SR - STA	TE ROUTE		BL - BOULEVARD CR - CIRCLE		ST - STREET TE - TERRACE	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	1 1 1	IBERED COUN	TY ROUTE			TL - TRAIL		ROADWAY			
	1 - MILES 2 - FEET	ROU	IBERED TOWN ITE			PI - PIKE PL - PLACE	WA - WAY	X ROADWAY DIV	IDED			
LOCATION	OF FIRST HARME					COLLISION/IMPA	LOT	DIRECTION OF TRAVE				
1 - ON ROADWA		OSSOVER		1 - N	OT COLLISION 4	- REAR-TO-REAR	161	N - NORTH		IEDIAN TYPE DED FLUSH MEDIAN		
0 1 2-ON SHOULD		RIVEWAY/ALL AILWAY GRAD		, <b>2</b> , T	WO MOTOR 📑	- BACKING - ANGLE		4 s-south	4 (<4	<4 FEET ) VIDED FLUSH MEDIAN 24 FEET )		
4 - ON ROADSID	DE 12-SI	ARED USE PA		1	RANSPORT 7	- SIDESWIPE, SAN		E - EAST W - WEST	(≥4			
5 - ON GORE 6 - OUTSIDE TR	30.00	RAILS KE LANE				I - SIDESWIPE, OPP I - OTHER / UNKNO			4 - DIVI	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN		
7 - ON RAMP		OLL BOOTH FHER / UNKNO	IWN .	:						YTYPE) ER/UNKNOWN		
8 - OFF RAMP			ORK ZONE TYP	)	1.004770	N OF CRASH IN W	ODY ZONE	CONTOUR	CONDITIONS	S SURFACE		
WORK ZONE RELA			E CLOSURE	-	l l	BEFORE THE 1ST		1	2			
WORKERS PRESEN	NT		E SHIFT/CROS		2.	WARNING SIGN ADVANCE WARNI	NG AREA	1 - STRAIGHT LEVEL	1 - DRY	1-CONCRETE		
LAW ENFORCEMENT	NT PRESENT L	OR N	MEDIAN		1	TRANSITION ARE	Α	2 - STRAIGHT GRADE		2 - BLACKTOP,		
ACTIVE SCHOOL Z	ONE	4 - JN 11 5 - OTH	ERMITTENT OF ER	R MOVING W		- ACTIVITY AREA - TERMINATION AI	REA	3 - CURVE LEVEL	3-SNOW	BITUMINOUS, ASPHALT		
LIGHT (	CONDITION		<del></del>	WF	ATHER			4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, DIE	3 - BRICK/BLOCK		
1 - DAYLIGHT			1 - CL		6-SNOW			7 - OTTIER/GINKNOWN	4 - SLAG, GRAVEL, STONE			
1 2-DAWN/DUSK	TED ROADWAY		0.1 3-F0			CROSSWINDS G SAND, SOIL, DIR	T. SNOW		6-WATER (STAND MOVING)	, 3,0161		
4 - DARK ROA	DWAY NOT LIGHTE		4 - RA	JN	9 - FREEZIN	G RAIN OR FREE			7 - SLUSH	9 - OTHER/UNKNOWN		
5 - DARK UNK 9 - OTHER / UNI	'NOWN ROADWAY I KNOWN	IGHTING.	5 - SL	EET, HAIL	99 - OTHER	/ UNKNOWN			9 - OTHER/UNKNO	NN		
NARRATIVE			V. A				30 No 15 No 18		1	Indicate the north		
		T. 3.4	T • .	4/OD 5/	<b>^</b>				<	direction with an "N" on the		
Both units tra			·····							compass diagram.		
701. Unit one	stopped fo	or heavy	traffic.	Unit ty	vo							
failed to main	ntain an as	sured cl	ear dista	ance								
striking the r	ear of unit	one.							<b>全</b>			
***************************************	***************************************			***************************************		*			Not To Scale	ne e		
	······································	***************************************	***************************************	~~~	***************************************	-		701 East Main Street(SR59)	B			
***************************************								Unit One-Unit Two-				
	***************************************											
		East Main Street(SR59)										
		1			*							
	***************************************		***************************************	***************************************								
CRASH REPORTED	DATE / TIME	DIS	PATCH DATE	/TIME	AF	   RRIVAL DATE / TIN	1E	SCENE CLEAREI	DATE / TIME	REPORT TAKEN BY		
0,3,1,6,2,0,2,2					İ			0.3.1.6.2.0.2	.2./.1.6.5.0	X POLICE AGENCY		
TOTAL TIME	OTHER	TOTAL		'S NAME*	12 12 11 10		CHECKED BY OF	FICER'S NAME*	12 / 110 5 0	MOTORIST		
ROADWAY CLOSED IN	VESTIGATION TIME	MINUTES		her, Ma			Gaydosł			SUPPLEMENT (CORRECTION OR ADDITION		
0,0,0	<b>0</b> , $1$ , $0$ ,	0,4,7	7   2	_	S BADGE NUMBE	R*		D BY OFFICER'S BADGE	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS		
	<u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>		<u> </u>	<u> </u>	<u> </u>		- L -		.1	-1		

LOCAL REPORT NUMBER

	OWNER NAME: LAST, FIRST	)	OWNER PH	ONE: INCLUDE A	AREA CODE (X) SAME AS DRIVER)	DAMAGE					
1	0   1   BERARDINELLI, GARY, PHILLIP  DWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS ORIVER)						DAMAGE SCALE  1 - NONE 3 - FUNCTIONAL DAMAGE				
4	HAN DR ,Kent ,OH	_				:	2 J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
COMMERCI	IAL CARRIER: NAME, ADDRE	SS, CITY, STATE, ZIP		COMMERCIA	AL CARRIER PH	ONE: INCLUDE AREA CODE	9 - UNKNOWN				
	· · · · · · · · · · · · · · · · · · ·						DAMAGED AREA(S) INDICATE ALL THAT APPLY				
LP STATE	LICENSE PLATE # GOW1052		LE IDENTIFICATION # $9_11_13_18_1L_15_19_14_11$	VEHICLE YEAR   VEHICLE MAKE   17.5.1.2.0.0.18.1 Jeep			40				
			INSURANCE POLICY #	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			11 12 1	11 12 1			
INSURAN VERIFIE	D ERIE		Q025606192	BLU	U	WRANGLER	10 11 2	10			
F-1	TYPE OF USE	IN EMERGENCY	US DOT #	TOWED BY	COMPANY N	AME	10 2	10 2 2			
COMMER	CIAL GOVERNMENT	IN EMERGENCY RESPONSE	EHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL			3 3 4				
INTERL	OCK HIT/SKIP UNIT	#UCCUPANTS	1 - ≤10KLBS,			ASS# PLACARD ID#	8 7 5 4	8 7 5 4			
DEVICE	ED MINSKIP ONI	0 2	2 - 10,001 - 26K LBS. 3 - >26K LBS.	PLAC			7 6 5	12 7 6			
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED		8-LIMO (LIVERY V		3 - PEDESTRIAN / SKATER	€ 1	12			
	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE				4 - WHEELCHAIR (ANY TYPE) 5 - OTHER NON-MOTORIST	10	11 2 2			
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED		1 - HEAVY EQUIPMI		6-BICYCLE	9	9 3 3			
	5 - CARGO VAN	BICYCLE 11 - ALL TERRAIN VEHICLE		2 - ANIMAL WITH R Animal-drawn	LLIEUGEN E	7-TRAIN	·				
m	U - VAN (7-13 SLA13)	(ATV/UTV)	17 - MOTORHOME	ANIMAL-DRAWN	i veniore di	9 - UNKNOWN OR HIT/SKIP	8 7 6 6				
	# OF TRAILING UNITS						11 12	6 11 12			
j	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED			- CONDITIONAL A		- UNKNOWN	10 12 1	10 11 22 1 2			
	1-YES 2-NO 9-OTHER/UNK	լ Մ լ	O DADTIAL AUTOMATION C	I - HIGH AUTOMATI I - FULL AUTOMATI			10 1 2	10 2 2			
		MODE LEVE	<u>Ľ</u>				9 9 3	$\begin{array}{cccccccccccccccccccccccccccccccccccc$			
		6 - BUS CHARTER/TOUR		.6 - FARM .7 - MOWING		1 - MAIL CARRIER 9 - OTHER / UNKNOWN	$\frac{1}{7}$	\$\bar{7}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
0 1	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY 8 - BUS - SHUTTLE		18-SNOW REMOVAL 19-TOWING		9-017CK/ BHKNOWN	7 6	7 6			
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER					6				
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT					12 12 12			
10111	1 - NO CARGO BODYTYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHE MOTOR VEHICLE	AUTAMA	8 - POLE 9 - CARGOTANK 10-FLAT BED		2 - CONCRETE MIXER	12				
CARGO	2 - BUS	4 - LOGGING				.3 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	0 A A				
BODY TYPE			T ANALYMANIANAMANAMANAMANAMANAMANAMANAMANAMANAM	11-DUMP		9-OTHER/UNKNOWN		3 9 3 3			
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBL	E 9	9-OTHER/UNKNOWN	6				
VEHICLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROI ACCIDENT	M PRIOR			6 6 6			
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	AVVIDENT			☐ - NO DAMAGE	0] - UNDERCARRIAGE [14]			
	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER		9 - MEDIAN/CROSS		12 - FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	- ALL AREAS [15]			
NON-MOTORIST	2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK		10 - DRIVEWAY ACC 11 - Shared USE P	,	99 - OTHER / UNKNOWN	☐-10F (15)	-ALL AREAS [ 15]			
LOCATION AT IMPACT	CROSSWALK	5 - TRAVEL LANE OTHER LOCA		TRAILS			☐ - UN	T NOT AT SCENE [16]			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD		13 - NEGOTIATING A		18 - APPROACHING	INITI/	AL POINT OF CONTACT			
. 4	2-NON-COLLISION 3-STRIKING 1 1	2 - BACKING		14 - ENTERING OR ( Specified Loc		OR LEAVING VEHICLE 19-Standing	0 - NO DAMA				
	4 - STRUCK PRE-CRASH	3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 4 - OVERTAKING/PASSING 10 - PARKED 15		15 - WALKING, RUNNING,		20 - OTHER NON-MOTORIST	0 8 1-12 - REFER	TO UNIT 15 - VEHICLE NOT AT SCENE			
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	JOGGING, PLAY 16 - WORKING	/ING	21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP				
	& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN LIVALLIV	III I I I I I I I I I I I I I I I I I				TRAFFIC			
	1-NONE	7 - LEFT OF CENTER		17 - VISION OBSTR	UCTION	21 -LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
	2 - FAILURE TO YIELD	8-FOLLOWING TOO CLOSE / A	ACDA PARKED POSITION	18-OPERATING DE	EFECTIVE	22 - NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
0 1	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9-IMPROPER LANE CHANGE 10-IMPROPER PASSING	ILLEGALLY	EQUIPMENT 19 - LOAD SHIFTIN		23 - OPENING DOOR INTO ROADWAY	1 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN			
CONTRIBUTING	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15-SWERVING TO AVOID	SPILLING		99-OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
CIRCUMSTANCE:	6-IMPROPERTURN	12-IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CR	OSSING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING			
CIRCUMSTANCE:  SEQUENCE  M	E OF EVENTS						2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING			
	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE -	16 - RAILWAY VEHI	ICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
1 2 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS		17 - ANIMAL FA	RM	EQUIPMENT 23-STRUCY BY FALLING,		DN-MOTORIST DIRECTION			
21 1	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	18 - ANIMAL DE 19 - ANIMAL OT		SHIFTING CARGO OR		1 - NORTH 5 - NORTHEAST			
	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10-cross median	13 - OTHER NON-COLLISION 14 - Pedestrian	20 - MOTOR VEHIC		ANYTHING SET IN MOTION By a motor vehicle	3	2 - SOUTH 6 - NORTHWEST			
31	LOSS OR SHIFT		15 - PEDALCYCLE	TRANSPORT 21 - PARKED MOTO	DRVEHICLE	24-OTHER MOVABLE OBJECT	FROM 3 TO	4 - WEST 8 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
			ION WITH FIXED OBJECT	- STRUCK			.]	9 - OTHER / UNKNOWN			
4	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	DETECTED SPEED			
	26-BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIE	R 39-LIGHT/LUMINARIES	45-EMBANKMEN	IT	51 - WALL	0.1,2,1 5,1 2,2	1 - STATED / ESTIMATED SPEED			
5	27 - BRIDGE PIER OR ABUTMEN	34 - MEDIAN GUARDRAIL T Barrier	SUPPORT 40-UTILITY POLE	46 - FENCE 47 - MAIL BOX		52-BUILDING 53-Tunnel	0 0 0	2 - CALCULATED / EDR			
	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE		54-OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED			
6	29-BRIDGE RAIL 30-GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIE	OR SUPPORT Er 42-culvert	49 - FIRE HYDRAN	NT .	99-OTHER/UNKNOWN					
1	FIRST HARMFUL EVE	1	T HARMFUL EVENT				3 5				
	TINDI HAKMPULEVE	IVIUS	I HARMFUL EVENI				1				

LOCAL REPORT NUMBER

 $\begin{bmatrix} 2 & 0 & 2 & 2 & 2 & -1 & 0 & 0 & 0 & 0 & 4 & 0 & 4 & 3 \end{bmatrix}$ 

	OWNER NAME: LAST, FIRST,			OWNER PHONE: INCLUD	E AREA CODE (X) SAME AS DRIVER)	DAMAGE				
	ZRILE, MICHAEL,			<u> </u>		DAMAGE SCALE  1 - NONE 3 - FUNCTIONAL DAMAGE				
4	DRESS: STREET, CITY, STATE, Z EWOOD DR ,HERI		IQ			2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
	AL CARRIER: NAME, ADDRE			COMMERCIAL CARRIER P	HONE: INCLUDE AREA CODE	9 - UNKNOWN				
	,	, , ,			<u> </u>		ED AREA(S)			
LP STATE	LICENSE PLATE #	VEHICL	E IDENTIFICATION #	VEHICLE YEA	R VEHICLE MAKE	INDICATE A	LL THAT APPLY			
$P \mid A$	KDD7433		$C_1C_16_1D_13_12_19_15_13$			4 0 1	12 1			
INSURAN VERIFIE	CE INSURANCE COMPA	<b>I</b>	INSURANCE POLICY #	COLOR	VEHICLE MODEL	12	12			
IZZI VEKIFIE			Q050713697 US DOT #	BLU TOWER BY SOURCE	OUTBACK	$\frac{10}{10}$	10			
COMMER	TYPE OF USE	IN EMERGENCY RESPONSE	U\$ DUI #	TOWED BY: COMPANY	NAME	9 9 3 3	9 9 3 3			
		VI.	EHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL		8 4 -	8 4			
INTERL	HIT/SKIP UNIT	#OCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	MATERIAL C	LASS# PLACARD ID#	B 7 5 4	8 7 5 5			
EQUIPP	ED —	0 1	3 - >26K LBS.	PLACARD L		7 6 41	12 7 6			
		7 - MOTORCYCLE 2-WHEELED			23-PEDESTRIAN / SKATER		12			
		8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE			24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	$\frac{1}{2}$			
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED			26-BICYCLE	9	3 3			
	5 - CARGO VAN	BICYCLE	·		27 - TRAIN	8				
ŋ	0 - AVII (3-13 20V/2)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8 \ 7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	# OFTRAILING UNITS					11 12 7	6 11 1			
	WAS VEHICLE OPERATING IN AUT			- CONDITIONAL AUTOMATION	9 - UNKNOWN	10 12	10 12 2			
1 7	MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKN		O DADTIAL AUTOMATION	- HIGH AUTOMATION - FULL AUTOMATION	l	10 2				
	T-169 Y-MA A-MIHEKI MAKN	OWN AUTONOMOUS MODE LEVEL	ə	- LOLL AD LUMATION		9 9 3 3				
		6 - BUS-CHARTER/TOUR		6FARM	21 - MAIL CARRIER	8 4 5	8 4 5			
<u></u>		7 - 8US - INTERCITY		7 - MOWING	99-OTHER/UNKNOWN	8 6 7	8 6 7			
	3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	9 - BUS - OTHER		8 - SNOW REMOVAL 9 - TOWING		7 6	7 5			
	5 - BUS-TRANSIT/COMMUTER		15-CONSTRUCTION EQUIPMENT 2			12	12 12			
	1 - NO CARGO BODYTYPE	3 - VEHICLE TOWING ANOTHE	R 5 - INTERMODAL CONTAINER 8	- POLE	12-CONCRETE MIXER	12				
O 1 CARGO	/ NOT APPLICABLE	MOTOR VEHICLE		- CARGOTANK	13-AUTOTRANSPORTER	RA.				
BODY	2 · BUS	4 - LOGGING	E ADAMSHADIANANAN	O-FLAT BED 1-Dump	14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	• (U U) •	A 3 9 🖺 3 9 🥮 3			
TYPE							•			
		4 - BRAKES 5 - STEERING		) - MOTOR TROUBLE 10 - Disabled from Prior	99-OTHER/UNKNOWN	6				
DEFECTS		6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		5 	6 6			
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	- MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE [ 0 ]	UNDERCARRIAGE [14]			
	CROSSWALK	4 - MIDBLOCK - MARKED		LO - DRIVEWAY ACCESS	AT INCIDENT SCENE	☐-TOP [13]	- ALL AREAS [ 15]			
HON-MOTORIST LOCATION	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK		11 - SHARED USE PATHS OR	99 - OTHER / UNKNOWN	□ HNIT N	OT AT ROUNE (141			
AT IMPACT		5 - TRAVEL LANE - OTHER LOCAT		TRAILS		U- UNIT NOT AT SCENE [16]				
		1 - STRAIGHT AHEAD 2 - BACKING		13 - NEGOTIATING A CURVE	18-APPROACHING OR LEAVING VEHICLE		DINT OF CONTACT			
3	2-NON-COLLISION 3-STRIKING 0 1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING Specified Location	19-STANDING	0 - NO DAMAGE 14 - UNDERCARRIAGE  1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN				
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING		15 - WALKING, RUNNING, Jogging, Playing	20 - OTHER NON-MOTORIST					
	5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHTTURN 11 - SLOWING OR STOPPED  6 - MAKING I FETTURN INTRAFFIC		16 - WORKING	21 - STANDING OUTSIDE Disabled vehicle	13 - TOP				
	9 - OTHER / UNKNOWN	6 - MAKING LEFTTURN		17 - PUSHING VEHICLE	99-OTHER/UNKNOWN		RAFFIC			
	1 - NONE	7 - LEFT OF CENTER	13-IMPROPER START FROM A	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / A	14 CTODDED AD DADVED	18 - OPERATING DEFECTIVE	22 - NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
0 8	3 - RÁN RED LIGHT	9 - IMPROPER LANE CHANGE	ILLEGALLY	EQUIPMENT 19-LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	1 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN			
CONTRIBUTING	4 - RAN STOP SIGN 5 - Unsafe Speed	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING	99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL			
G CIRCUMSTANCE: U SEQUENCE	6-IMPROPERTURN	12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		# OF THROUGH LANES	RAIL GRADE CROSSING			
SEQUENCE	OF EVENTS					2	1 - NOT INVOLVED  1 2 - INVOLVED-ACTIVE CROSSING			
	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE -	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING			
1 2 1 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL — FARM	EQUIPMENT		10TORIST DIRECTION			
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	10 DOMESTIC DIMENSAY	18 - ANIMAL — DEER 19 - ANIMAL — OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	OUTLY HOW-N	1 - NORTH 5 - NORTHEAST			
2	4 - JACKKNIFE 5 - Cargo / Equipment	9 - RAN OFF ROAD LEFT 10-cross median	13-OTHER NON-COLLISION	20 - MOTOR VEHICLE IN	ANYTHING SET IN MOTION By a motor vehicle		2 - SOUTH 6 - NORTHWEST			
21 1	LOSS OR SHIFT	TO - ORAGO BIEDINIA	14 - PEDESTRIAN 15 - PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM 3 TO 4	3 - EAST 7 - SOUTHEAST			
3		COLLIS	ION WITH FIXED OBJECT				4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
4 _  _ 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT					
	26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38-OVERHEAD SIGN POST R 39-LIGHT/LUMINARIES	44 - DITCH 45 - EMBANKMENT	51 - WALL	UNIT SPEED	DETECTED SPEED			
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	SUPPORT	46-FENCE	52-BUILDING	0   3   0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR			
	28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - Other Fixed object		2 - CALCOLATED/EDR 3 - UNDETERMINED			
6	29 - BRIDGE RAIL	BARRIER	OR SUPPORT	49 - FIRE HYDRANT	99-OTHER/UNKNOWN	POSTED SPEED	2 - ONDETERMINED			
1	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIE				3 5				
	FIRST HARMFUL EVE	NT LL MOST	T HARMFUL EVENT							

OHO DEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER								
straiy - daywid	- war-anser-material   VIOLOKISI / NON-INICIONISI									2+0+2+2+-+0+0+0+0+4+0+4+3+						
UNIT#	NAME: LAST, FI	•	DIII						DATE OF BIRTH AGE GENDER							
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3		OH 442, OH 442	40	1					<u> </u>							
3 _	INJURED E TAKEN BY	MS AGENCY (NAME)		INJURED TA	AKEN TO: N	MEDICAL FACILITY	(NAME, CITY).	USED	DOT-COMPLIANT							
5 OL STATE	<u> </u>	CENSE NUMBER		OFFENS	E CHADO	RGED LOCAL OFFENSE DES						ION NUMBER				
O, H,	OPERATOR LI	CENSE NUMBER		UFFERS	OFFENSE CHARGED LOCAL OFFE			OFFERSE DESC	DESCRIPTION							
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP	VER ALCOHOL / DRUG SUSPECTED			CONDITION		HOL TEST	<u> </u>	DRUG TEST(S						
	SELECT UP TO 2		DIST	RACTED		COHOL   MAI			STATUS TY	PE VALUE :	STATUS	TYPE RESULT	F SELECT UPTO 4			
4					1 OTHER DRUG			1	1 1							
UNIT#	NAME: LAST, F	•								DATE OF BIRTH		AGE	GENDER			
0,2		, MICHAEL, RAY	MON	ND					0 9 /	2   8  / 1	99	9 2 2	<u>M</u>			
=	STREET, CITY, STA	·	T.T. 4. 60	(E) D)	4 6 4 4	40			CONTACT P	HONE - INCLUDE AREA CO	ODE		į			
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INJURIES 5	INJURED INTAKEN BY	EMS AGENCY (NAME)		INJUREDT	AKEN TO: I	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COM MC HEL	SEATING POSITION	AIR BAG	USAGE EJECTION	TRAPPED 1			
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4	BY				1   ALCOHOL   MARIJUANA   1				1 1 1	1	1	1				
UNIT#	NAME: LAST, FIRST, MIDDLE					OTHER DROG				DATE OF BIRTH AGE GENDER						
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ADDRESS	: STREET, CITY, ST.	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
ADDRESS INJURIES		EMS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	(NAME, CITY		NT DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
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OL CLASS	SELECT UP TO 2	RESTRICTION SELECT U		DRIVER DISTRACTED ALCOHOL / DRUG SUSPECTED MARIJUANA			CONDITION					T SELECT OF 104				
	.l			į		HER DRUG		`								
INJ	URIES	SEATING POSITION	1	AIR BAG		OL CLAS	S	OL RESTRI	CTION(S)	DRIVER DISTRAC	TION	TEST ST				
1 - FATAL	D SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEF 2 - DEPLOY	14.04 (4.13.4)		1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTE 2 - CDL INTRASTA		1 - NOT DISTRACTED 2 - MANUALLY OPERATION	IG AN	1 - NONE GIVEN 2 - TEST REFUSED				
	D MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOY	있는 생님, 얼마,		3 - CLASS C		3 - CORRECTIVE L	化氯苯酚丁二烷矿 化	ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,		3 - TEST GIVEN, CO	INTAMINATED			
4 - POSSIBLE I	计 我是一种信息人 有识的	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	40 10 00 1	DEPLOYED BOTH FRONT/SIDE 4 REGULAR CLASS  NOT APPLICABLE (OHIO = D)  DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY			(A - D)		el value i della kara	DIALING)		SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN				
5 - NO APPARE		(MOTORCYCLE PASSENGER)  5 - SECOND - MIDDLE					5 - EXCEPT CLAS	SA		KING ON HANUS-FREE		ESULTS				
INJURED 1 - NOT TRANS	TAKEN BY	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BU		4 -TALKING ON HAND-HE COMMUNICATION DE		UNKNOWN	CT TVDE			
/TREATED		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		JECTION	te akiri	OL ENDORSE	MENT	8 - INTERMEDIAT	E LICENSE	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE		ALCOHOL TI 1-NONE	-91 I I I I I			
2 - EMS 3 - POLICE		8-THIRD-MIODLE	1 - NOT EJE 2 - PARTIA	LLY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTION: 9 - LEARNER'S PI	医格兰氏畸形 医克耳氏	6 - PASSENGER		2 - BL00D				
9-OTHER/UN	NKNOWN	9 - THIRD - RIGHT SIDE	3-TOTALL	San Palace a		P - PASSENGER		RESTRICTION 10 - LIMITED TO D		7 - OTHER DISTRACTION INSIDE THE VEHICLE		3-URINE 4-Breath				
SAFETY	EQUIPMENT	OF TRUCK CAB	4 - NOT AP	PLICABLE		N - TANKER Q - Motor Scooter		11 - LIMITED TO E		8 - OTHER DISTRACTION THE VEHICLE	OUTSIDE	5-OTHER				
1 - NONE USE	State of the state of	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	0 - 0 1 1 - 1	TRAPPED	an ang tan	R-THREE-WHEEL N	7 1000	12 - LIMITED - OTI 13 - MECHANICAL		9-OTHER/UNKNOWN		DRUG TES	ТТҮРЕ			
	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOTTR 3-LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRIC		CATED BY T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRA	KES, HAND			1 - NONE 2 - BLOOD						
CARGO		12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHA 3 - FREED	INICAL MEAN By	3	X - TANKER / HAZM	医二硫合物 医氯化盐	ADAPTIVE DE	VICES)	1 - APPARENTLY NORMA	L	3 - URINE				
FORWARD	ILU RESTRAINT SYSTEM - 13 - TRAILING UNIT		NON-MECHANICAL MEANS R			GENDER		14 - MILITARY VEI	L THIODILL IIII.		ENT 4-OTHER					
	HILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTER AR FACING (NON-TRAILING UNIT)					F-FEMALE		AIR BRAKES 16 - OUTSIDE MIR	ROR	ANGRY, DISTURBED) 4- ILLNESS		DRUG TEST				
7 - BOOSTER S	ALC: THE STATE OF THE	15 - NON-MOTORIST 99 - Other/Unknown				M - MALE U - OTHER / UNKNOWN		17 - PROSTHETIC	化工夫二类 医二角二类	5 - FELL ASLEEP, FAINTI	1 - AMPHETAMINES Fainted, 2 - Barbiturates					
	VE PADS USED	27 - ALVERY QUINTARII						18-OTHER		FATIGUED, ETC.  6- UNDER THE INFLUEN	ICE	3 - BENZODIAZEP	4 Table 4			
	NEES, ETC.)				filed.					OF MEDICATIONS / DI		4 - CANNABINOID 5 - COCAINE	3			
11 - LIGHTING	- PEDESTRIAN									9-OTHER/UNKNOWN		6-OPIATES/OPI	OIDS			
/BICYCLE 99-OTHER/UI	CLÉ ONLY R/Unknown										7-OTHER 8-NEGATIVE RE	SULTS				
1.00				42.0				San Balance and State Care		at the second to the second		* * E * * * * * * * * * * * * * * * * *	of the second second			

SHIP OH O DEPARTMENT OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER						
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	UNIT#	l	r, FIRST, MIDDLE	A BIT T				DATE OF BIRTH AGE GENDER						
Ļ	01	L	)FERRATO, D	ANI, J				0 1 / 0 9 / 2 0 0 3 1 9 F						
Wan		STREET, CITY,	STATE, ZIP E ST ,ALBION	DA 16401				CONTACT PHONE - INCLUDE AREA GODE						
3			EMS AGENCY (NAME)	,1 A 10401	INJURED TAKEN TO: MEDICAL FACILITY	V (NAME CITY)	SAFETY EQUIPMENT	<u> </u>	EATING POSITION	AIR BAG IISAGE	FIFCTION	TRAPPED		
	5	TAKEN BY	EIRO ABERT WANTE		MOUNTS TANKEN TO: MEDICAL TACKET		USED 0 4	DOT-COMPLIANT 0 3 1 1 1 1 1						
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		TAME: LAS	, TIKO I, MIDDEL					/ .	. /	, ,		,		
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ខ	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facilit	Y (NAME, CITY)	SAFETY EQUIPMENT	DOT-Compliant	EJECTION	TRAPPED				
		TAKEN BY			USED			MC HELMET			  L			
	UNIT#	NAME: LAS	T, FIRST, MIDDLE		DATE OF BIRTH AGE GENDER									
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99				····						<b>.</b>	1			
0	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BY L						MC HELMET						
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000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	1	TAKEN BY				,	USED	DOT-COMPLIANT MC HELMET				1		
		INJU	JRIES.	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FAT/	AL	발표 12 기업	1 - NONE US	銀票 하고 있다. 그 사람들은 사람들은 그 그 없는 그는 그 사람들이 되었다.	3-15-01-01-01	IT – LEFT SIDE		1 - NOT DE	PLOYED				
	17. 计线线电流		RIOUS INJURY		OCCUPANT ER BELT ONLY USED		ORCYCLE DRIV IT – MIDDLE	EK)	YED FRONT					
			INOR INJURY		T ONLY USED		IT – RIGHT SID			3 - DEPLOYED SIDE				
		SIBLE INJU APPARENT		4 - SHOULDI	ER & LAP BELT USED		ND – LEFT SID ORCYCLE PASS		4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE					
	3- NO7				ESTRAINT SYSTEM –	建拉丁烯 计多数数	ND – MIDDLE							
	T NOT	TRANSPOR	TAKEN BY		D FACING ESTRAINT SYSTEM –		ND – RIGHT SI D – LEFT SIDE	DE	9 - DEPLOYMENT UNKNOWN					
		EATED AT S		REAR FA	사람들이 많아 하는 사람들은 그들은 사람들이 가지 않는 것 같아. 그 사람들이 함	(МОТ	ORCYCLE SIDE	CAR)	g span s A president	EJECTI	ON			
	2 - EMS	S		7 - BOOSTEI	RSEAT	그는 사람이 들어 있다.	D – MIDDLE D – RIGHT SID		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE					
: "	3 - P0L			8 - HELMET	없는 병원이 되자 있습니다 그 글이다.	医髓膜 经保险 医二氯化二甲基甲基	PER SECTION							
:	9 - OTH	ER / UNKN			TIVE PADS USED KNEES, ETC.)	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SENGER IN OTH GO AREA (NON-T							
	F-FEM	CAR RECEIVED IN	NDER	, 10 - REFLEC	TIVE CLOTHING	BUS, I	PICK-UP WITH CA	.P)	4 NOTAL	TRAPP	F.D.			
:	M - MAL			11 - LIGHTIN / BICYCL	G – PEDESTRIAN	The second of the second	SENGER IN UNI Goarea	INCLUSED	1 - NOTTI	A. 10.5 (1.5)	E. U.			
	U - OTHI	ER/UNKNO	ŴN	99 - OTHER /	불빛한 경기를 가지 하게 되었다.		LING UNIT		1 7 5 5 5 5	CATED BY N	1ECHANI	CAL		
							NG ON VEHICL -TRAILING UNIT)		MEAN	-9-Mar 1 5 7 7				
						李集 "接下,我们的一点	-MOTORIST		3 FREED MEAN	BY NON-M S	ECHANIC	AL		
	HABAR	AST, FIRST, MID				99 - 01 HI	ER/UNKNOWN		E OF BIRTH	y Valdakai.	AGE	GENDER		
U	NAME: L	ASI, FIRSI, WID	DCF.					/ / /	. / .	].	AUE	GENDER		
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Ī	NAME: L	AST, FIRST, MID	DLE	**************************************		A	· · · · · · · · · · · · · · · · · · ·	DAT	E OF BIRTH		AGE	GENDER		
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1	ADDRES	S: STREET, CIT	y, state, zip					CONTACT PHON	- INCLUDE AREA O	CODE				
	Mass	ACT CIDOT 1100	INI E						TE OF BIRTH	1 1	AGE	GENDER		
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