OHIO DEPARTM OF PUBLIC SAI	TRAFFIC !	Crash	REPORT DENC	OTES MANDATORY FIELD FOR SUPPL	EMENT REPORT		LOCAL REPORT N	NUMBER *	
PHOTOS TAKE	N X OH -2	OH -3	OCAL INFORMATION BROOK	(RUN/FOREST RUN			21-602	51	
	Пон-1₽	OTHER R	EPORTING AGENCY NAME *		NCIC *	HIT/SKIP 1 - SOLVED	NUMBER OF UNIT		
SECONDARY	PRIVATE PR	OPERTY N	Nontville Police Department		05213	2 - UNSOLVED	2	1 98 - ANIMAL 1 99 - UNKNOWN	
COUNTY* LOCA	LO 1 - CITY	CATION: CITY.	VILLAGE, TOWNSHIP*			CRASH DATE	/ TIME*	CRASH SEVERITY	
52 3		ontville (To	wnship of)			11/12/202	16:13	5 2 - SERIOUS INJURY	
ROUTE TYPE RO		1 - NORTH L	OCATION ROAD NAME		ROAD TYPE	LATITUDE D		SUSPECTED	
ROUTE TYPE RO		2 - SOUTH 3 - EAST	Proof Bun		l _{DR}	41.122	333	3 - MINOR INJURY	
		4 - VVEST	Brook Run		 			SUSPECTED 4 - INJURY POSSIBLE	
ROUTE TYPE RO	1 :	2 - South	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D		5 - PROPERTY DAMAGE	
REFE		3 - EAST 4 - WEST	Forest Run		CR	-81.832	883	ONLY	
REFERENCE POI	NT DIRECTION FROM REFEREN	N ICE	ROUTE TYPE	ROAD TYPE			INTERSECTION	RELATED	
1 - INTERSEC	1 - NO		TILIOTE (II)	Alley	RD - ROAD SQ - SQUARE	X WITHIN INTE	RSECTION OR ON A		
3 - HOUSE #	3 - EAS	ST US-F	EDEDAL HE DOUTE	- BOULEVARD MP - MILEPOST		WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES	
DISTANCE	DISTANCE	E SR - S		R - CIRCLE OV - OVAL	TE - TERRACE	_	ROADW		
FROM REFERENC	E UNIT OF MEASU 1 - MI	LES C	DI D	Γ - COURT PK - PARKWAY R - DRIVE PI - PIKE	TL - TRAIL WA - WAY			A1	
0.00	2 - FEI 3 - YA	- Land	IUMBERED TOWNSHIP HE	E - HEIGHTS PL - PLACE		ROADWAY	IVIDED		
LO	CATION OF FIRST HAR			NNER OF CRASH COLLISION/IN	IPACT	DIRECTION OF TRAN	'EL	MEDIAN TYPE	
1 4		ROSSOVER	1 1-NO	T COLLISION 4 - REAR-TO-REAF		1 - NORTH	1 - DIV	IDED FLUSH MEDIAN	
2 - ON S 3 - IN ME		DRIVEWAY/AL		WEEN 5 - BACKING O MOTOR 6 - ANGLE		2 - SOUTH	1 1 1	FEET) IDED FLUSH MEDIAN	
4 - ON R		SHARED USE I	rwins or I	HICLES IN 7 - SIDESWIPE, SAN	E DIRECTION	4 - WEST		FEET)	
5 - ON G 6 - OUTS	ORE IDE TRAFFIC WAY 13 -	TRAILS BIKE LANE	1	AR-END 8 - SIDESWIPE, OPI	OSITE DIRECTION			IDED, DEPRESSED MEDIAN IDED, RAISED MEDIAN	
7 - ON R	AMP 14 - 1	TOLL BOOTH	3 - HEA	AD-ON 9 - OTHER / UNKN	OWN		(AN'	Y TYPE)	
8 - OFF R	AMP 99 -	OTHER / UNK	NOWN			9 - OTH	HER / UNKNOWN		
WORK ZONE R	ELATED		WORK ZONE TYPE	WORK ZONE	CONTOUR	CONDITION	S SURFACE		
WORKERS PRE	SENT		ANE CLOSURE	1 - BEFORE THE 1ST	WORK ZONE		_1_		
LAW ENFORCE	MENT PRESENT		.ANE SHIFT/ CROSSOVER WORK ON SHOULDER	2 - ADVANCE WAR		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE	
			OR MEDIAN	3 - TRANSITION AI 4 - ACTIVITY AREA	EA	2 - STRAIGHT	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS,	
ACTIVE SCHOO	DL ZONE		NTERMITTENT OR MOVING WORK	5 - TERMINATION A	REA	GRADE	4 - ICE	ASPHALT	
		5 - 0	OTHER			3 - CURVE LEVEL 4 - CURVE GRADE	5 - SAND, MUD, D OIL, GRAVEL	OIRT, 3 - BRICK/BLOCK 4 - SLAG , GRAVEL,	
L 1 - DAYLI	IGHT CONDITION GHT		1 - CLEAR	WEATHER 6 - SNOW		9 - OTHER	6 - WATER (STANE		
1 1 2 - DAWN			2 2 - CLOUDY	7 - SEVERE CROSSWINDS		NNKNOWN	MOVING) 7 - SLUSH	5 - DIRT 9 - OTHER	
□ 3 - DARK	- LIGHTED ROADWAY			E 8 - BLOWING SAND, SOIL, DIR			9 - OTHER / UNKN	OMN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	 ROADWAY NOT LIGHT UNKNOWN ROADWA 		4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	NG DRIZZLE			l	
	R / UNKNOWN		5 52527,774	os oman, omanom					
NARRATIVE	-								
			to approach the curb to di		}				
			right half of the roadway ar unoccupied. Unit 1 sustain		. <u> </u>				
			injuries where reported.	leu paint	Brook Run Drive		((全)	
			,		Ē 🛉				
]]			Not	To Scale	
					- 11				
				1 1		•			
					1-7	·			
					/ 2/		Forest Run Circle		
				1 /	4				
					, M				
				/ /	/ //			İ	
				/					
				'					
CRASH REPOR	TED DATE / TIME	ות	ISPATCH DATE / TIME	ARRIVAL DATE / TIF	1E I	SCENE CLEARED D	ATE / TIME	REPORT TAKEN BY	
	11/12/2021 16:13 11/12/2021 16:16 11/12/2021 16:27 11/12/2021 17:06 X POLICE AGENCY								
		 	i	·			17.00	MOTORIST	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* Sheers, Christian	ſ°	HECKED BY OFFICER	NAIVIE*			
		1	OFFICER'S BAI	DGE NUMBER*	CHECKED BY	OFFICER'S BADGE N	UMBER*	CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO	
		50	16	-,,,,, 01	/(aD)		ODPS)		



LOCAL REPORT NUMBER

21-60251

LINUT #	OMAJED MARRE LACT SIDE	MIDDLE - Classes as ass		OWNE	D DUONE TO A	EA CODE (SAME AS DRIVER)		DAMAGE	
UNIT#	OWNER NAME: LAST, FIRST, MEDINA CITY SCHOOL		VER)	OWINE	K PHONESINCLUDE AR	EA CODE (SAME AS DRIVER)		DAMAGE SCAL	<u> </u>
OWNER A	DDRESS: STREET, CITY, STATE, 7			1			1 - NONE	3 -	FUNCTIONAL DAMAGE
1122 W	EST SMITH ROAD, ME	EDINA, OH, 442	256						DISABLING DAMAGE
COMMER	CIAL CARRIER: NAME, ADDRES	SS, CITY, STATE, ZIP		Co	MMERCIAL CARRIER PH	ONE: INCLUDE AREA CODE		9 - UNKNOWN	
	,						INI	DAMAGED AREA DICATE ALL THAT A	
	LICENSE PLATE #	1	HICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	""	DICATE ALL ITIAT A	ic (L L I
OH	Q00900 INSURANCE COMPA		BAKGCPA3FF309692 INSURANCE POLICY#		2015	BLUE BIRD	11 12		11 12
VERIFIE	ED LM INSURANCE		33600-258251293336011		COLOR	OTHER/UNKNOWN	12		12
	TYPE OF USE	1	US DOT #	TOV	VED BY: COMPANY N		10 1	7	100 2 2
Сомм	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE		<u> </u>			9 3	3 9	9 3
INTERL		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCW 1 - ≤10K LBS.	R│┌┐≀	HAZARDOU: MATERIAL CLAS			7 .	
DEVICE		28	2 - 10.001 - 26K LBS.		released Placard	11 1			6 6
	1 - PASSENGER CAR 6 - VA	AN (9-15 SEATS)	3 - > 26K LBS. 12 - GOLF CART 18 -			PEDESTRIAN/SKATER	7 6 5	11 12	5
ı 19	2 - PASSENGER VAN 7 - M	OTORCYCLE 2-WHEELE	D 13 - SNOWMOBILE 19 -		-	WHEELCHAIR (ANY TYPE)	10,		_2
		OTORCYCLE 3-WHEELE JTOCYCLE	TRUCK	OTHER VE		OTHER NON-MOTORIST	l <i>f</i>	10 2	\rightarrow
UNII IYP	10 - N	OPED OR MOTORIZED) 15-SEMI-TRACTOR	HEAVY EQ ANIMAL W		BICYCLE TRAIN	9	9 3	
		ICYCLE LL TERRAIN VEHICLE				UNKNOWN OR HIT/SKIP	7,	7 3 5	7.
	# of TRAILING UNITS						42	0	Y
	WAS VEHICLE OPERATING IN A	UTONOBIOLIS					11 12	6	" "
	MODE WHEN CRASH OCCURRE		1		IONAL AUTOMATION	9 - UNKNOWN	10	\ ² 1	0 1 2
1 2	1-YES 2+NO 9+OTHER/L		DMOUS 2 - PARTIAL AUTOMATION 5				10 2	4	10 2
	1 12	MODE					9 9 3	_ J 3 9	
	1 - NONE 2 - TAXI	6 - BUS - CHARTER		16 - F	ARM IOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	7 5	74	∇
<u>4</u>	3 - ELECTRONIC RIDE	7 - BUS - INTERCITY 8 - BUS - SHUTTLE	12 - MILITARY 13 - POLICE		NOW REMOVAL	33 - OTHER / GINNOWIN	7 6 5		
SPECIAL FUNCTION	SHARING 4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY		OWING		6		6
FONCTION	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUI		AFETY SERVICE ATROL			12	12 12
	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - D	UMP	99 - OTHER / UNKNOWN	12	4	1. 🚖
CARGO	/ NOT APPLICABLE 2 - BUS	5 - INTERMODAL CONTAINER CHA	8 - POLE		ONCRETE MIXER		. 14 ,	1	
BODY	3 - VEHICLE TOWING	6 - CARGOVAN	10 - ELAT BED		UTO TRANSPORTER ARBAGE/REFUSE		3 (C) 3	9 9 3 9	3 9 99 3
TYPE	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX				· · · · · · · · · · · · · · · · · · ·		T	⊕
1	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT		OTOR TROUBLE ISABLED FROM PRIOR	99 - OTHER / UNKNOWN	ь	9	
VEHICLE	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE		CCIDENT			Ü	•
DEFECTS							☐- NO DAMA	. GE [0] □-	UNDERCARRIAGE [14]
1	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSS	7 - SHOULDER/ROADSIDE		RIVEWAY ACCESS HARED USE PATHS	99 - OTHER / UNKNOWN	☐- TOP [13]	□-	ALL AREAS [15]
NON- MOTORIST	2 - INTERSECTION -	5 - TRAVEL LANE -	O - SIDEWALK	0	R TRAILS RST RESPONDER				
LOCATION	UNMARKED CROSSWAI K 3 - INTERSECTION - OTHER	OTHER LOCATIO 6 - BICYCLE LANE	ISLAND		F INCIDENT SCENE			- UNIT NOT AT S	ZENE [16]
	1 - NON-CONTACT	1 - STRAIGHT AHEAD 2 - BACKING	9 - LEAVING TRAFFIC LANE		ALKING, RUNNING, OGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	INIT	IAL POINT OF CON	ITACT
1	2 - NON-COLLISION	3 - CHANGING LANE			•	99 - OTHER / UNKNOWN	0 - NO DA	MAGE 14 -	UNDERCARRIAGE
L_4	3 - STRIKING -	4 - Overtaking/pas			USHING VEHICLE PPROACHING OR			'ER TO UNIT 15 - ' GRAM	VEHICLE NOT AT SCENE
ACTION		6 - MAKING LEFT TU	RN 12 - DRIVERLESS	LE	AVING VEHICLE		13 - TOP	99 - 1	NKNOWN
	& STRUCK	7 - MAKING U-TURN 8 - ENTERING TRAFF			FANDING THER NON-MOTORIST		13-10		
	9 - OTHER / UNKNOWN	LANE	SPECIFIED LOCATION			D. 0051		TRAFFIC	
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TOO /ACDA	CLOSE 13 - IMPROPER START FROM A PARKED POSITION		PERATING DEFECTIVE UIPMENT	23 - OPENING DOOR INTO ROADWAY	TRAFFICWAY FLOW 1 - ONE-WAY		FIC CONTROL
22	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY		ad Shifting Alling/Spilling	99 - OTHER IMPROPER ACTION	2 - TWO-WAY	2 - SIGN	NDABOUT 4 - STOP SIGN IAL 5 - YIELD SIGN
L_22_	5 - UNSAFE SPEED	10 - IMPROPER PASS			PROPER CROSSING	nenon	[2]	6 3-FLAS	
CONTRIBUTII	NG 6 - IMPROPER TURN CES 7 - LEFT OF CENTER	11 - DROVE OFF ROA 12 - IMPROPER BACK			ING IN ROADWAY OT DISCERNIBLE		# OF THROUGH LANES	RAIL GI	RADE CROSSING
							ON ROAD	1 - NOT I	
SEQUENC	of EVENTS		EVENTS			aldaulaa - naalnairidaulninda	121	1 1	VED-ACTIVE CROSSING
. 21		7 - SEPARATION OF U	NITS 12 - DOWNHILL RUNAWAY			3 - STRUCK BY FALLING,		3 - INVOI	VED-PASSIVE CROSSING
1		8 - RAN OFF ROAD RIG 9 - RAN OFF ROAD LEI			OTOR VEHICLE IN ANSPORT	SHIFTING CARGO OR ANYTHING SET IN	UNIT / N	ION-MOTORIST D	IRECTION
2 l	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PA	RKED MOTOR	MOTION BY A MOTOR VEHICLE		1 - NORTH	
	J 5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLIN OPPOSITE DIRECT		22 - W	ORK ZONE	4 - OTHER MOVABLE OBJECT	_	2 - SOUTH 3 - EAST	6 - NORTHWEST 7 - SOUTHEAST
з [6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER		AINTENANCE JUIPMENT		FROM 2 TO	1 4-WEST	8 - SOUTHWEST
	DE IMPACT ATTENUATOR		LLISION WITH FIXED OBJECT -	STRUCK	<mark>e</mark> nek ukenden kinteks.	2 BUILDING			9 - OTHER / UNKNOWN
4 📖	/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIE		46 - FE	NCE 5.	2 - BUILDING 3 - TUNNEL	UNIT SPEED	D	ETECTED SPEED
_,		33 - MEDIAN CABLE BA 34 - MEDIAN GUARDR		48 - TR	EE	4 - OTHER FIXED OBJECT			
5	27 - BRIDGE PIER OR	BARRIER 35 - MEDIAN CONCRE	41 - OTHER POST, POLE		re hydrant 9: Ork zone	9 - OTHER / UNKNOWN	5	1-	STATED / ESTIMATED SPEED
اءا	28 - BRIDGE PARAPET	BARRIER	42 - CULVERT	M	AINTENANCE UIPMENT		narra come	<mark> </mark> 1 ₂ -	CALCULATED / EDR
		36 - MEDIAN OTHER B 37 - TRAFFIC SIGN POS		51 - W			POSTED SPEED		UNDETERMINED
<u>_</u> 1	FIRST HARMFUL EVEN	т 1 м	MOST HARMFUL EVENT				25	3-	CHARLEMANNED
								1	

OHIO DEPARTMENT OF PUBLIC BAPETY	U	Ν	ΙT
-------------------------------------	---	---	----

LOCAL REPORT NUMBER

21-60251

				f				21-60	
∠ 2 WILLIAMS, N	IICHAEL	DDLE (SAME AS DRIVE	R)	OWNER	R PHONE:INCLUDE AR	REA CODE (SAME AS DRIVER)		D A M A	SCALE
OWNER ADDRESS: STREET, 299 GILL AVE, GALIC							1 - NONE 2 2 - MINOR	DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
COMMERCIAL CARRIER: N				Coi	MMERCIAL CARRIER PH	ONE; INCLUDE AREA CODE		9 - UNKNO	
LD CTATE LIGHTING DI ANI					[T	11	DAMAGED A IDICATE ALL TI	
OH JKF7291	#		ICLE IDENTIFICATION # 7KS28AX86220934		VEHICLE YEAR 2008	VEHICLE MAKE DODGE	12		12
V INSORANCE	E COMPANY INSURAN		INSURANCE POLICY # 4890500		color WHI	VEHICLE MODEL RAM	11 12	_	" " "
TYPE	USE		US DOT #	Tow	ED BY: COMPANY N		10 11 1 2	$7_{\rm s}$	10 11 1
COMMERCIAL GOVE	NMENT L	I EMERGENCY ESPONSE	EHICLE WEIGHT GVWR/GCWF	,	HAZARDOU	S MATERIAL	9 9 3		3 3 3
	IP UNIT	# OCCUPANTS	1 - ≤10K LBS. 2 - 10.001 - 26K LBS.	·I□™		SS# PLACARD ID#	8 7 5	/4	8 7 6 4
EQUIPPED 1 - PASSENGER C	AD 6 MAN #	9-15 SEATS)	3 - > 26K LBS.		LACARD [PEDESTRIAN/SKATER	7 6 5	12	7 6 5
2 - PASSENGER V	AN 7-MOTO	P-15 SEATS) PRCYCLE 2-WHEELED PRCYCLE 3-WHEELED	13 - SNOWMOBILE 19 - E	IUS (16+ P.	ASSENGERS) 24 -	WHEELCHAIR (ANY TYPE)	10	11 12	1 _2
UNIT TYPE 3 - SPORT UTILITY VEHICLE	9 - AUTO	CYCLE	TRUCK	THER VEH		OTHER NON-MOTORIST BICYCLE) e	9 9	3 3
4 - PICK UP	BICYC		16 - FARM EQUIPMENT 22 - A			TRAIN UNKNOWN OR HIT/SKIP	\	- 8 H	-
5 - CARGO VAN	(ATV/UTV	rerrain vehicle V)	17 - MOTORHOME				12	7 6	, ,
WAS VEHICLE OPE		NOMOUS	0 - NO AUTOMATION 3	- CONDITI	ONAL AUTOMATION	9 - UNKNOWN	11 12	6	11 12
MODE WHEN CRA		. 0			TOMATION		10 1 1		10 1 2
1 - YES 2 - NO	+ - OTHER / UNK	NOWN AUTONOM MODE LE	MOUS 2 - PARTIAL AUTOMATION 5 VEL	- FULL AU1	TOMATION		9 3) 3	9 9 3
1 - NONE 2 - TAXI		- BUS - CHARTER/TO ' - BUS - INTERCITY	OUR 11 - FIRE 12 - MILITARY	16 - FA 17 - M		21 - MAIL CARRIER 99 - OTHER / UNKNOWN	7 5	74	B 7 5 74
SPECIAL SHARING		- BUS - SHUTTLE - BUS - OTHER	13 - POLICE 14 - PUBLIC UTILITY	18 - SN 19 - TO	NOW REMOVAL		7 6 5		7 6 5
FUNCTION 4 - SCHOOL TRANS	SPORT 10	0 - AMBULANCE	15 - CONSTRUCTION EQUIP	. 20 - SA	FETY SERVICE TROL		,	12	12 12
1 - NO CARGO BO		- LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DL	JMP	99 - OTHER / UNKNOWN	12	1	
CARGO 2 - BUS	·	- INTERMODAL CONTAINER CHASS	8 - POLE 9 - CARGO TANK		ONCRETE MIXER JTO TRANSPORTER		an Al Ra		9 3 9 6 3
BODY 3 - VEHICLE TOWN TYPE ANOTHER MOT		- CARGOVAN /ENCLOSED BOX	10 - FLAT BED	14 - GA	ARBAGE/REFUSE				lacktriangledown
1 - TURN SIGNALS 2 - HEAD LAMPS		- BRAKES - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT		TOR TROUBLE	99 - OTHER / UNKNOWN	6	6	
VEHICLE 3 - TAIL LAMPS DEFECTS		- TIRE BLOWOUT	DEFECTIVE		CIDENT		П.,,,,,,,,		
1 - INTERSECTION		- MIDBLOCK -	7 - SHOULDER/ROADSIDE		IVEWAY ACCESS	99 - OTHER / UNKNOWN	☐- NO DAM	AGE(U)	U- UNDERCARRIAGE [14]
MARKED CROS NON- 2 - INTERSECTION MOTORIST UNMARKED CR	- 5	MARKED CROSSW - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	OR	ARED USE PATHS TRAILS IST RESPONDER		т ор [13]	T HAUT NOT	LI- ALL AREAS [15]
LOCATION 3 INTERSECTION	- OTHER 6	- BICYCLE LANE	ISLAND	TA	INCIDENT SCENE			_	AT SCENE [16]
1 - NON-CONTAC 2 - NON-COLLISIC	M	- STRAIGHT AHEAD - BACKING	9 - LEAVING TRAFFIC LANE	JO	GGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	1 NI 0 - NO D	T IAL POINT OF AMAGE	CONTACT 14 - UNDERCARRIAGE
4 3 - STRIKING	10 4	 CHANGING LANES OVERTAKING/PASS MAKING RIGHT TUF 		17 - PU	DRKING SHING VEHICLE PROACHING OR	99 - OTHER / UNKNOWN			15 - VEHICLE NOT AT SCENE
ACTION 4 - STRUCK 5 - BOTH STRIKING	ACTIONS 6	- MAKING REFT TURN - MAKING U-TURN	12 - DRIVERLESS	LEA	AVING VEHICLE ANDING		13 ~ TOP	AGRAM	99 - UNKNOWN
& STRUCK 9 - OTHER / UNKN	8 -	- ENTERING TRAFFIC	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION		HER NON-MOTORIST			TRAFF	1.c
1 - NONE	8 -		LOSE 13 - IMPROPER START FROM A PARKED POSITION		RATING DEFECTIVE	23 - OPENING DOOR INTO ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL
2 - FAILURE TO 3 - RAN RED LIG . 1 . 4 - RAN STOP S	łT 9-	- IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOA	AD SHIFTING LLING/SPILLING	99 - OTHER IMPROPER ACTION	1 - ONE-WAY 2 - TWO-WAY	٠,	- ROUNDABOUT 4 - STOP SIGN - SIGNAL 5 - YIELD SIGN
5 - UNSAFE SPE	D 10) - IMPROPER PASSIN I - DROVE OFF ROAD	IG 15 - SWERVING TO AVOID	20 - IMP	ROPER CROSSING	ACIION	_2	li bi	- FLASHER 6 - NO CONTROL
CIRCUMSTANCES 7 - LEFT OF CEN	ER 12	2 - IMPROPER BACKIN			T DISCERNIBLE		# of THROUGH LANES ON ROAD		AIL GRADE CROSSING
SEQUENCE OF EVENTS			enter entere entere entere				1 2 1	2-	NOT INVLOVED INVOLVED-ACTIVE CROSSING
1 99 1 OVERTURN/F		SEPARATION OF UNI				3 - STRUCK BY FALLING, SHIFTING CARGO OR		3 -	INVOLVED-PASSIVE CROSSING
2 - FIRE/EXPLOS. 3 - IMMERSION	9 - 1	RAN OFF ROAD RIGH RAN OFF ROAD LEFT	14 - PEDESTRIAN	TRA	TOR VEHICLE IN INSPORT RKED MOTOR	ANYTHING CARGO OR ANYTHING SET IN MOTION BY A MOTOR	UNIT /		IST DIRECTION
2 4 - JACKKNIFE 5 - CARGO / EQI LOSS OR SHII	IPMENT 11 -	 CROSS MEDIAN CROSS CENTERLINE OPPOSITE DIRECTIO 		VEH	UCLE	VEHICLE 4 - OTHER MOVABLE		2 - S	NORTH 5 - NORTHEAST SOUTH 6 - NORTHWEST
3 6 - EQUIPMENT		OF TRAVEL	N 17 - ANIMAL - FARM 18 - ANIMAL - DEER	MAI	INTENANCE JIPMENT	OBJECT	_{ғком} [2] то[1 1 3-E	AST 7 - SOUTHEAST WEST 8 - SOUTHWEST
Swetch Fig.	ENUATOR 31 -	COL I - GUARDRAIL END	LISION WITH FIXED OBJECT - S	STRUCK		2 - BUILDING			9 - OTHER / UNKNOWN
4 CRASH CU 26 - BRIDGE OVE	HION 32 -	- PORTABLE BARRIER - MEDIAN CABLE BAR	39 - LIGHT / LUMINARIES	46 - FEN 47 - MA	ICE 5 ILBOX 5	3 - TUNNEL 4 - OTHER FIXED	UNIT SPEED		DETECTED SPEED
5 STRUCTURE 27 - BRIDGE PIER	OR	- MEDIAN GUARDRAI BARRIER	41 - OTHER POST, POLE		e Ehydrant 9	OBJECT 9 - OTHER / UNKNOWN	, 0 ,		1 - STATED / ESTIMATED SPEED
ABUTMENT 28 - BRIDGE PAI	APET	- MEDIAN CONCRETE BARRIER	42 - CULVERT	MAI	RK ZONE INTENANCE JIPMENT		POCTED COLUMN	—	2 - CALCULATED / EDR
6 29 - BRIDGE RAII 30 - GUARDRAIL		- MEDIAN OTHER BAI - TRAFFIC SIGN POST		51 - WA			POSTED SPEED		3 - UNDETERMINED
1 1 FIRET HADA	FILL EVENIT	. 1	OCT MADMENT EVENT			l	, 25 ,		** * *

OHIO DE	PARTMENT LIC SAFETY VISI PROTECTION	/ I	TORIST / No	ON-	·Mc	OTO	RIST						REPORT N			
UNIT #			RST. MIDDLE							+		ے DATE OF BIRT	1-602: ห	51 T	AGE	GENDER
1	WAGNE											04/26/1961	•		60	F
	S: STREET, CIT									CON		ONE - INCLUDE	AREA COI	DE		1
780 WE	YMOUTH	ROA	AD, MEDINA, OH, 44256	<i>_</i>								■				
	INJURED TAKEN	EMS	S AGENCY (NAME)		INJURED	TAKEN TO:	D: MEDICAL FACILITY (NAME,	,ciry)	SAFETY EQUIPMENT		OT-COMPLIA			BAG USAG	E EJECTIO	ON TRAPPED
NON 5	ву 1								4	м	C HELMET	1	\bot	1	1	1
OL STATE	OPERATO	R LICE	NSE NUMBER		OFFEN	NSE CHAR	.GED	LOCAL	411 E110E DE041	IPTION			CITA	ATION N	IUMBER	
<u> </u>					<u> </u>				<u> </u>							
OL CLASS	ENDORSEN	MENT	RESTRICTION SELECT UP TO 3	DIS	RIVER STRACTED	1—	OHOL / DRUG SUSPI		CONDITION	A	TYPE	VALUE	STATUS	_	G TEST	S SELECT UP TO 4
2	S		3	ВУ	1		HER DRUG		1	1	1		1_1_	1 1		3 36666 51
UNIT #	NAME: LA	ST, FIF	RST, MIDDLE							Τ	D	OATE OF BIRTH	1		AGE	GENDER
										<u> </u>						
ADDRESS:	: STREET, CIT	Y, STA	TE, ZIP							CONT	ACT PHO	NE - INCLUDE	AREA COD	DE		
1	.T	1-140			LikilliDEC	TAVEN TO	: MEDICAL FACILITY (NAME,		TOATETY EQUIDMENT			SEATING	LAIRE	- USAG	E EJECTIO	TEADDED
INJUKIE?	TAKEN RV	EMIS	AGENCY (NAME)		INJUKED	TAKEN 10.	MEDICAL PACILITY (NAME,	CITY)	SAFETY EQUIPMENT USED		T-COMPLIAI	NOTIZON TN		BAG USAG	E EECTIO	N TRAPPED
OL STATE	OPERATOR	LICE	NSE NUMBER		OFFEN	ISE CHARG	ICED.	LOCAL	OFFENSE DESCR		. ПЕШ,		 	ATION N	I INADED	
ON INJURIES OL STATE	Urekmi O.	(LICL	42E MOIMBER		OFFEIN	SE CHAN	GED	CODE	OFFEIASE DESCH	IPTION			(1)	ATION IN	UMBEK	
OL CLASS	ENDORSEN	/ENT	RESTRICTION SELECT UP TO 3	T _{DR}	RIVER	T ALCO	OHOL / DRUG SUSPI	L L	CONDITION	Α	LCOHO	L TEST		DRU	G TEST((5)
•••			RESTRICTION SEED		STRACTED		OHOL MARUL			STATUS	ТҮРЕ	VALUE	STATUS	_		S SELECT UP TO 4
				РТ		ОТН	HER DRUG							<u> </u>		
UNIT #	NAME: LA	ST, FIR	RST, MIDDLE		_	_				Ţ	D	ATE OF BIRTH	ı		AGE	GENDER
- Dance										 						
ADDRESS:	: STREET, CIT	r, Stai	E, ZIP							CONT	ACT PHO	NE - INCLUDE	AREA COD	E		
INJURIES	INJURED	TEMS	AGENCY (NAME)		INJURED	TAKEN TO:	: MEDICAL FACILITY (NAME,	CITY)	SAFETY EQUIPMENT			SEATING		AG USAG	E EJECTIOI	N TRAPPED
	TAKEN BY								USED		T-COMPLIAN HELMET					
OL STATE	OPERATOR	LICE	NSE NUMBER		OFFEN	SE CHARG	GED	LOCAL	OFFENSE DESCR	I IPTION			CITA	ATION N	UMBER	
ADDRESS:								CODE								
OL CLASS	ENDORSEM	IENT	RESTRICTION SELECT UP TO 3		IVER	1—	HOL / DRUG SUSPE		CONDITION		LCOHO				G TEST(/
				BY	TRACTED	H	OHOL MARIJU HER DRUG	JANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	S SELECT UP TO 4
INJ	URIES		SEATING POSITION		AIR BAG		OL CLAS	22	OL RESTRIC	TION(S	DRIV	VER DISTRA	CTION		EST STA	ATUS
- FATAL	JIMI-D	1	- FRONT - LEFT SIDE	1 - NOT D		401413	1 - CLASS A		1 - ALCOHOL INTER	Landage L	1 - NC	OT DISTRACTED		1 - NO	NE GIVEN	V 2 0 0 0 0
- SUSPECTED INJURY	SERIOUS		- FRONT - MIDDLE	3 - DEPLO			2 - CLASS B		DEVICE 2 - CDL INTRASTATI		ELEC	ANUALLY OPERA CTRONIC		3 - TEST	T REFUSED T GIVEN,)
S - SUSPECTED INJURY	MINOR		- SECOND - LEFT SIDE	FRONT			3 - CLASS C 4 - REGULAR CLAS	cc	3 - CORRECTIVE LEN 4 - FARM WAIVER 5 - EVCEPT CLASS A		(TE	MMUNICATION XTING, TYPING,	DEVICE	/ UN	NUSABLE	ED SAMPLE
- POSSIBLE IN	469 U.S.		- SECOND - MIDDLE		DYMENT UN		(OHIO = D)		5 - EXCEPT CLASS A 6 - EXCEPT CLASS A & CLASS B BUS		3 - TA	ALING) LKING ON HANE IMMUNICATION		RESU	T GIVEN, ULTS KNOV	WN
- NO APPAREI		7	- SECOND - RIGHT SIDE - THIRD - LEFT SIDE	F	EJECTIO	N	5 - M/C MOPED C	NLY	7 - EXCEPT TRACTO 8 - INTERMEDIATE L		4 - TAI CO	LKING ON HAND MMUNICATION	D-HELD DEVICE		T GIVEN, ULTS UNKN	10WN
INJURIES I - NOT TRAN	TAKEN B	— в		1 - NOT EJ 2 - PARTIA	JECTED ALLY EJECTE	FD	OL ENDORSE	MENT	RESTRICTIONS 9 - LEARNER'S PERM	/IIT	ELE	HER ACTIVITY W CTRONIC DEVIC		ALCO 1 - NON	the second second	EST TYPE
/TREATED / 2 - EMS			0 - SLEEPER SECTION	3 - TOTALL	LY EJECTED PPLICABLE)	H - HAZMAT		RESTRICTIONS 10 - LIMITED TO DA	YLIGHT	7 - OT	SSENGER HER DISTRACTION		2 - BLO	OD	8 98 984
: - EIVIS		11	1 - PASSENGER IN OTHER ENCLOSED CARGO		TRAPPE		M - MOTORCYCLE		ONLY 11 - LIMITED TO EM		TO - 8	SIDE THE VEHICLI HER DISTRACTIC ITSIDE THE VEHIC	ON .	4 - BREA	ATH	
- OTHER / U	INKNOWN		AREA (NON-TRAILING UNIT, 1	1 - NOT TE 2 - EXTRIC			P - PASSENGER N - TANKER		12 - LIMITED - OTHI 13 - MECHANICAL E	DEVICES		HER / UNKNOW	N	5 - OTH DR	ER UG TES	ттуре
SAFETY E	QUIPMEN	II 12	2 - PASSENGER IN UNENCLOSED CARGO AREA 3	MECHA	ANICAL ME	ANS	Q - MOTOR SCOO		(SPECIAL BRAKE CONTROLS, OR ADAPTIVE DEVI	OTHER	1 - API	CONDITIO PARENTLY NORM	11 May 12 (1)	1 - NON 2 - BLO	VE	
- NONE USEE - SHOULDER I	April San Francisco Control		3 - TRAILING UNIT 4 - RIDING ON VEHICLE		MECHANICA	AL MEANS	MOTORCYCLE		14 - MILITARY VEHIC 15 - MOTOR VEHICL	CLES ONLY	/ 2 - PH	YSICAL IMPAIRM OTIONAL (E.G.,		3 - URIN 4 - OTH	VE .	
USED - LAP BELT ON			EXTERIOR (NON-TRAILING UNIT)				S - SCHOOL BUS T - DOUBLE & TRI	DI F	WITHOUT AIR B	irakes Or	DEP	RESSED, ANGRY, TURBED)			27 Aug 11 - 1	RESULT(S)
- SHOULDER (USED			5 - NON-MOTORIST 9 - OTHER / UNKNOWN				TRAILERS X - TANKER / HAZ		17 - PROSTHETIC AI 18 - OTHER	D	4 - ILLI 5 - FEL	NESS L ASLEEP, FAINT	ED,		HETAMINE BITURATES	4 4 4 4 4
	RAINT SYSTEN FACING	4	3 - 1 - 4 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Žaleni.		60 - 151 5	y = IMINNEN / DIVE	MAI			FAT	TIGUED, ETC. DER THE INFLUE	0.4840.00	3 - BENZ	ZODIAZEPII NABINOID	NES
- CHILD RESTI - REAR FACIL	RAINT SYSTEM	1	er en				GENDE F - FEMALE	R			ALC	DICATIONS / DRI COHOL		5 - COC	989 () ()	
- BOOSTER SE - HELMET USE	EAT						M - MALE			- 3.08	9 - OTI	HER / UNKNOW!	N	7 - OTH		
- PROTECTIVE (ELBOWS, KI	E PADS USED				2000 G		U - OTHER / UNK	NOMN			i k				12 11 100	
0 - REFLECTIVE 1 - LIGHTING -																
/ BICYCLE C																

OHIO DI OF Pub Marra M	EPARIMENT O	CCUPANT /	W ITN	ESS ADDEND	MU				ORT NUMBER		
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER
1									ł		
ADDRESS	S: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE		
INJURIES	SINJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAGI	EJECTIO	N TRAPPED
5	TAKEN BY 1					1	MC HELMET	position 11	1	1	1
UNIT #		ST, FIRST, MIDDLE				1	l DA	TE OF BIRTH	<u>'</u>	AGE	GENDER
01111 #	NAME: LA	SI, MKSI, WIIDOLL						TE OF BIRTH		AGE	GENDER
2 ADDRESS	S: STREET, CIT	STATE 71D					CONTACT BUONS				
Van	, STREET, CIT	I, SIAIL, ZIF					CONTACT PHONE	= INCLUDE AR	EA CODE		
INJURIES	SINJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAGE	EJECTIO	N TRAPPED
5	TAKEN	i i i i i i i i i i i i i i i i i i i					DOT-COMPLIANT MC HELMET	POSITION		1	
	+ -	ST. SIRST A VIDRUS				1		11	1	<u> </u>	GENER
UNIT #	NAME: LA	ST, FIRST, MIDDLE					BA	TE OF BIRTH		AGE	GENDER
1											
ADDRESS	S: STREET, CITY	r, STATE, ZIP					CONTACT PHONE	- INCLUDE ARI	EA CODE		
ADDRESS		Page Against the Control of the Cont		INJURED TAKEN TO: MEDICAL FACILITY	(NAME COM)	SAFETY EQUIPMENT		SEATING	AIR BAG USAGE	ElECTIC:	N TRAPPED
	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	POSITION	AIR BAG USAGE	BECHO	IRAPPED
5	BY _1_					1	☐MC HELMET	11	1 1	1	1
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH	_	AGE	GENDER
1											
1	: STREET, CITY	, STATE, ZIP		_			CONTACT PHONE	- INCLUDE ARE	-A CODE		
3				•							
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5	BY 1					1	MC HELMET	11	1	1	1
	INJ	URIES	SAFET	Y EQUIPMENT USED		SEATING POS	SITION		AIR BAG U	SAGE	
1 - FAT	AL		1 - NONE I			IT - LEFT SIDE		1 - NOT I	DEPLOYED		
2 - SUS	SPECTED S	ERIOUS INJURY		E OCCUPANT		FORCYCLE DRIVI IT - MIDDLE	:K)	2 - DEPLO	OYED FRON		
3 - SUS	SPECTED N	IINOR INJÜRY	4kk Stalin - Pri Jab	DER BELT ONLY USED T ONLY USED	3 - FRON	IT - RIGHT SIDE		3 - DEPLO	DYED SIDE		
31. A 1.	SSIBLE INJU			DER & LAP BELT USED		ND - LEFT SIDE	N(CED)	富利 电机工作机 点球	OYED BOTH		
5 - NO	APPAREN	T INJURY		ESTRAINT SYSTEM -	the property of the second of the	ORCYCLE PASSE ND - MIDDLE	INGER)	建设工作的 化二甲基	T/SIDE APPLICABLE		
	INJURED	TAKEN BY	Meliteman in un esta al	RD FACING		ND - RIGHT SID			DYMENT UN	KNOW	N
1 - NO	T TRANSPO	ORTED /		ESTRAINT SYSTEM -		O - LEFT SIDE	ΔD\				
1 1 1 1 1 1 1 1 1 1 1 1 1	ated at s	CENE	REAR FA			ORCYCLE SIDE C D - MIDDLE		4 NOTE	EJECTIO	IN	
2 - EMS 3 - POL			7 - BOOSTE 8 - HELMET			o - Right Side		1 - NOT E	ALLY EJECTE	D	
	JCE HER / UNK	NOWN	L Sanday Carl	TIVE PADS USED		PER SECTION O SENGER IN OTH			LLY EJECTED		
9-011	ILIX/ OINK	NOWN		/S, KNEES, ETC)		GO AREA (NON-T			APPLICABLE		
	GE	NDER	10 - REFLEC	TIVE CLOTHING		H AS A BUS, PICK-UI SENGER IN UNE			TRAPPE	n.	
F - FEM	1ALE			ng - Pedestrian		GO AREA	NCLOSED	1 - NOT T			ang r
M - MA	ALE		dan ber all Stiller alle Still	CLE ONLY		ILING UNIT		\$1.50 http://doi.org/	CATED BY		
U - OTI	HER / UNK	NOWN	99 - OTHER	/ UNKNOWN	0.644.645645650	ng on Vehicle -trailing Unit)	EXTERIOR	3 1 L HE BUT 10	ANICAL ME	NS	
					to a finite of the first of the second	N-MOTORIST		3 - FREED	BY		
					99 - OTH	ER / UNKNOWN		NON-	MECHANICA	L MEA	NS
NAME: LA	ST, FIRST, MI	DDLE					DAT	TE OF BIRTH		AGE	GENDER
ADDRESS	CTDEET CITY	CTATE 7ID					CONTACT PHONE	- INCUIDE ASS	A CODE		
ADDRESS	: STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE		
NAME: LA	ST, FIRST, MIL	DDLE		· · · · · · · · · · · · · ·			DAT	TE OF BIRTH		AGE	GENDER
ADDRESS	: STREET, CITY	, STATE, ZIP	.				CONTACT PHONE	- INCLUDE ARE	A CODE		
	, =										
NAME: LA	ST, FIRST, MIC	DDLE					DAT	TE OF BIRTH		AGE	GENDER
ADDRESS	: STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE		
מסטונבסס:	. JINEE1, CHI	j ≈ (2009) 40					JOILLAND FINANCE	ARE			

OHBO DES	PARTHENT O	CCUPANT	/ W ITN	ESS A DDEND	UM				PORT NUMBER	-		
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
1												
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE			
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	E EJECTIOI	N TRAPPED	
5	TAKEN BY 1					1	MC HELMET	POSITION 11	1	1	1	
UNIT #		ST, FIRST, MIDDLE				'		TE OF BIRTH	 	AGE	GENDER	
4	TOALUIE: BA	SI, TIKSI, WIIDDEE						TIL OF BIRTH		AG.	GENDEN	
ADDRESS:	STREET, CIT	/ STATE 7IP			-		CONTACT PHON	E - INCLUDE AD	EA CODE			
76(0)5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					440-823-5490		EX CODE			
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED	
5	BY 1					1	L-IMC HELMET	11	1	1	1	
UNIT #	NAME: LA	ST, FIRST, MIDDLE		•	•	•	DA	TE OF BIRTH		AGE	GENDER	
1												
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONI	- INCLUDE AR	EA CODE			
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED	
5	ву 1					11	MC HELMET	11	1	1	1	
UNIT #	NAME: LAS	ST, FIRST, MIDDLE					DATE OF BIRTH AGE					
1	1 DRESS: STREET, CITY, STATE, ZIP								l			
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	EA CODE			
											_	
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY ((NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED	
5	вү _1_					1	MC HELMET	11	1	1	1	
83.83 L. S. A.	LNI	URIES	n, Project Wile agencies o	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE		
1 - FATA	AL		1 - NONE U	ija Nigabor Niga Lawa ng ayang Kodha ay	1/16*1.00000.00000	NT - LEFT SIDE TORCYCLE DRIVE	.p)	1 - NOT I	DEPLOYED			
Raman and the		ERIOUS INJURY	14 1 1 E NAB (\$100 A)	E OCCUPANT DER BELT ONLY USED		NT - MIDDLE	. 62. 65. 9.002. 9		DYED FRON	T		
		IINOR INJURY		T ONLY USED		NT - RIGHT SIDE			OYED SIDE			
1944 (GH 1944)	SIBLE INJU APPAREN		4 - SHOULE	DER & LAP BELT USED		ORCYCLE PASSE	NGER)		dyed both T/Side		W. 200	
5 1101			📹 ka kanan Militari Militara kata	ESTRAINT SYSTEM -		ND - MIDDLE			APPLICABLE			
4 Not	Turk is high	TAKEN BY		RD FACING	un Doones prono	IND - RIGHT SIDI D - LEFT SIDE		9 - DEPLO	DYMENT UN	KNOW	N	
しゅいだ しゅっきょう	TRANSPO		REAR FA	ESTRAINT SYSTEM - ACING	(MOT	ORCYCLE SIDE C	AR)		EJECTIC	N		
2 - EMS			7 - BOOSTE			D - MIDDLE D - RIGHT SIDE		1 - NOT I	JÉCTED			
3 - POLI	ICE		8 - HELMET	USED	영 내용하다 바다 다	EPER SECTION O	F TRUCK CAB	2 - PARTI	ALLY EJECTI	.D		
9 - OTH	ER / UNK	NOWN		TIVE PADS USED	49-89-600-600-6	SENGER IN OTHI	to encountries and PA and Con-	3 - TOTAI	LLY EJECTED			
		NOES		S, KNEES, ETC)		GO AREA (NON-TI 'H AS A BUS, PICK-UF		4 - NOT A	APPLICABLE			
F - FEM.	- 1 8.00m398	NDER		TIVE CLOTHING NG - PEDESTRIAN	12 - PAS	SENGER IN UNE			TRAPP	D	province of the con-	
				LE ONLY	Alto Alto Hallada Alto Hallada Alto A	GO AREA ILING UNIT		1 - NOT 1	rapped			
M - MA		NOWN	99 - OTHER	/ UNKNOWN		NG ON VEHICLE	EXTERIOR		CATED BY			
U - OIF	IER / UNK	NOWN				I-TRAILING UNIT)		MECH 3 - FREED	ANICAL ME	ANS		
			96.00 (400).050		1 2 mg.	N-MOTORIST IER / UNKNOWN		重换员的性效等的 人名布雷	MECHANICA	AL MEAI	NS ::	
NAME: LAS	ST, FIRST, MIC	DDLE	Joseph Commencer		WW01414046		i i i ikili i i i sebe kada i asel	TE OF BIRTH		AGE	GENDER	
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			
NAME: LAS	ST, FIRST, MIE	DDI F					DA*	TE OF BIRTH		AGE	GENDER	
THE LAS	, , , ,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,	- 										
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			
								FE OF BIRTH		ACT I	CTAIRE	
NAME: LAS	: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GI			GENDER		
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
ì												

OHIO DE	PARTMENT O	CCUPANT /	W ITN	ESS A DDEND	UM				ORT NUMBER		
UNIT #	NAME: LA	ST, FIRST, MIDDLE	·····				D/	ATE OF BIRTH	1	AGE	GENDER
1											
ADDRESS:	: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AF	EA CODE		
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAGE	EJECTION	TRAPPED
5	TAKEN BY 1					1	DOT-COMPLIANT	position 11	1	1	1
UNIT #		ST, FIRST, MIDDLE		L		ı	D/	TE OF BIRTH	' ' 	AGE	GENDER
1	IVALUIC: EX	SI, FIRSI, WILDSEE						KIL OF BIKIN		AGE	GENDER
ADDRESS:	STREET, CIT	Y. STATE, ZIP	<u>-</u>				CONTACT PHON	E - INCLUDE AD	EA CODE		
74ND	,						CONTACT THON	E - INCLUDE AN	DY CODE		
INJURIES	INJURED	EMS AGENCY (NAME)	•	INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT C	SEATING	AIR BAG USAGE	EJECTION	TRAPPED
5	TAKEN BY 11					1 1	MC HELMET	POSITION 11	1	1	1
UNIT #	\vdash	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER
1											
ADDRESS:	STREET, CITY	r, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE		
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING	AIR BAG USAGE	EJECTION	TRAPPED
5	TAKEN BY 1 1					1	MC HELMET	position 11	1	1	1
UNIT #		ST, FIRST, MIDDLE				1	DA	TE OF BIRTH	<u> </u>	AGE	GENDER
1											
	STREET, CITY	, STATE, ZIP					CONTACT PHONE	E - INCLUDE AR	EA CODE		
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING	AIR BAG USAGE	EJECTION	TRAPPED
5	TAKEN BY 1 1	,				1	MC HELMET	POSITION 11	1	1	1
	INJ	URIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE	
3 - SUSI 4 - POS 5 - NO / 1 - NOT TREA 2 - EMS 3 - POLI 9 - OTH F - FEM. M - MA U - OTH	PECTED SI PECTED M SIBLE INJU APPAREN INJURED TRANSPO ATED AT S ICE IER / UNK GE ALE IER / UNK	T INJURY TAKEN BY DRTED / CENE NOWN NDER	2 - SHOULE 3 - LAP BEL' 4 - SHOULE 5 - CHILD R FORWA 6 - CHILD R REAR FA 7 - BOOSTE 8 - HELMET 9 - PROTEC (ELBOW) 10 - REFLEC 11 - LIGHTII / BICYC	OCCUPANT DER BELT ONLY USED T ONLY USED DER & LAP BELT USED ESTRAINT SYSTEM - RD FACING ESTRAINT SYSTEM - ICING R SEAT	(MOT 2 - FRON 3 - FRON 4 - SECO (MOT 5 - SECO 7 - THIRI (MOT 8 - THIRI 10 - SLEE 11 - PAS: CARI \$12 - PAS: CARI 13 - TRAI 14 - RIDI (NON 15 - NON	IT - LEFT SIDE FORCYCLE DRIVE FORCYCLE DRIVE FORCYCLE PASSE FORCYCLE PASSE FORCYCLE PASSE FORCYCLE SIDE FORCYCLE NGER) F TRUCK CAB FR ENCLOSED RAILING UNIT WITH CAP) NCLOSED EXTERIOR	2 - DEPLO 3 - DEPLO 4 - DEPLO FRON 5 - NOT / 9 - DEPLO 1 - NOT E 2 - PARTI 3 - TOTA 4 - NOT / 1 - NOT I 2 - EXTRI MECH 3 - FREED NON-	ALLY EJECTE LLY EJECTED APPLICABLE TRAPPE TRAPPED CATED BY ANICAL MEA	KNOWN D D NNS	as a second	
NAMÉ: LAS	ST, FIRST, MIC)DLC					DA	TE OF BIRTH		AGE	GENDER
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE		
NAME: LAS	ST, FIRST, MIC	DDLE					DAT	TE OF BIRTH		AGE	GENDER
ADDRESS:	STREET, CITY	, STATE, ZIP				-	CONTACT PHONE	- INCLUDE ARE	A CODE		
NAME: LAS	ST, FIRST, MIE	DDLE				<u>.</u>	DA	TE OF BIRTH		AGE	GENDER
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE		

OHIO DI	EPARTMENT C	CCUPANT /	W ITN	ESS A DDEND	UM				ORT NUMBER				
UNIT #		AST, FIRST, MIDDLE	······				DA	TE OF BIRTH	00231 L	AGE	GENDER		
1													
B	S: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E INCLUDE AR	EA CODE				
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5	TAKEN BY 1	j				1	MC HELMET	11	1	1	1		
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER		
1													
ADDRESS	: STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE AR	EA CODE				
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	— DOT C	SEATING	AIR BAG USAGE	EJECTION	TRAPPED		
5	TAKEN BY 1	,				1	MC HELMET	position 11	1	1	1		
UNIT #	NAME: LA	ST, FIRST, MIDDLE			_		DA	TE OF BIRTH		AGE	GENDER		
1													
ADDRESS	: STREET, CIT	Y, STATE, ZIP		_			CONTACT PHONE	- INCLUDE ARE	A CODE				
ADDRESS						I				,			
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY ((NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5	BY 1					1	MC HELMET	11	1	1	1		
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DATE OF BIRTH AGE						
1 2 ADDRESS	1 ADDRESS: STREET, CITY, STATE, ZIP												
ADDRESS	IDDRESS: STREET, CITY, STATE, ZIP							- INCLUDE ARE	A CODE				
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAGE	EJECTION	TRAPPED		
5	TAKEN BY 1 1					1	MC HELMET	POSITION 11	1	1	1		
		URIES	SAFETY	/ EQUIPMENT USED	P	SEATING POS	ITION		AIR BAG U	·	l		
3 - SUS 4 - POS 5 - NO 1 - NOT TRE/ 2 - EMS 3 - POL 9 - OTH F - FEM M - MA U - OTH	PECTED S PECTED M SSIBLE INJURED I TRANSPO ATED AT S ICE IER / UNK GE IALE IER / UNK	T INJURY TAKEN BY ORTED / CENE NOWN NDER	2 - SHOULE 3 - LAP BEL 4 - SHOULE 5 - CHILD R FORWA 6 - CHILD R REAR FA 7 - BOOSTE 8 - HELMET 9 - PROTEC (ELBOW) 10 - REFLEC 11 - LIGHTII / BICYC	OCCUPANT DER BELT ONLY USED I ONLY USED DER & LAP BELT USED ESTRAINT SYSTEM - RD FACING ESTRAINT SYSTEM - SCING R SEAT	(MOTO) 2 - FRON 3 - FRON 4 - SECO) (MOTO) 5 - SECO) 7 - THIRE (MOTO) 8 - THIRE 10 - SLEE 11 - PASS CARC SUCI 12 - PASS CARC 13 - TRAI 14 - RIDII (NON 15 - NON	IT - LEFT SIDE ORCYCLE DRIVE IT - MIDDLE IT - RIGHT SIDE ND - LEFT SIDE ORCYCLE PASSE ND - MIDDLE ND - RIGHT SIDE ORCYCLE SIDE ORCYCLE SIDE O O - MIDDLE O - RIGHT SIDE O -	NGER) AR) F TRUCK CAB R ENCLOSED RAILING UNIT WITH CAP) NCLOSED EXTERIOR	2 - DEPLC 3 - DEPLC 4 - DEPLC FRONT 5 - NOT A 9 - DEPLC 1 - NOT E 2 - PARTI. 3 - TOTAL 4 - NOT A 1 - NOT T 2 - EXTRIC MECH. 3 - FREED	PPLICABLE DYMENT UN EJECTIO JECTED ALLY EJECTED APPLICABLE TRAPPE RAPPED CATED BY ANICAL MEA BY MECHANICA	KNOWN N D D			
NAME: LA	ST, FIRST, MIE	JULE					DAI	F OF BINIT		AGE	GENUEK		
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA	A CODE				
NAME: LAS	ST, FIRST, MIC	DDLE					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA	A CODE	L			
NAME: LAS	ST, FIRST, MIC	DDLE				_	DAT	E OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA	A CODE	L			

Ū	OHIO DE DE PUBL	PARTHEAT C	CCUPANT /	W ITN	ESS ADDEND	UM				ORT NUMBER				
	UNIT #		AST, FIRST, MIDDLE					DA	TE OF BIRTH	1	AGE	GENDER		
	1													
NA GILL	ADDRESS	: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE				
ò	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTIOI	TRAPPED		
	5	TAKEN BY 1	1				1	MC HELMET	11	1	1	1		
ľ	UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER		
	1													
CCUPAN	ADDRESS:	: STREET, CIT	Y, STATE, ZIP					CONTACT PHONI	- INCLUDE AR	EA CODE				
ю-	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	E EJECTION	1 TRAPPED		
	5	TAKEN BY 1					1	DOT-COMPLIANT MC HELMET	position 11	1 1	1	1		
ì	UNIT #	+	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER		
	1													
NVdno	ADDRESS:	STREET, CIT	Y, STATE, ZIP	-	•			CONTACT PHONE	- INCLUDE ARI	A CODE				
	INT IL IR IT	INTURES	TAIC Agreement		INITIOSO TAVEN TO: BETTER FACTOR	(MANE CITE)	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	Election	TRAPPED		
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(reame, CIT)]	DOT-COMPLIANT MC HELMET	POSITION					
}	UNIT#		ST, FIRST, MIDDLE				1		11 TE OF BIRTH	1	1 AGE	1 GENDER		
	1	TVAINE EN	31, 111.31, 141.552						IZ OF BIRCH	1		GENDER		
NA /	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE ARE	A CODE				
OCCUPAN												i		
•	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED		
	5	ВУ 1		1			1	I—IMC HELMET	11	1	1	1		
3	91655,ÇUL.	INJ	IURIES	(49000), 437 136 5 500	Y EQUIPMENT USED	4 FD64	SEATING POS	SITION AIR BAG USAGE 1 - NOT DEPLOYED						
. 3	1 - FAT		EDIOLIC INJUIDA	1 - NONE VEHICL	USED -	1 To \$4,50 cm 17 ft - 18	IT - LEFT SIDE Forcycle Drive	R)						
100			ERIOUS INJURY IINOR INJURY	2 - SHOUL	DER BELT ONLY USED		IT - MIDDLE IT - RIGHT SIDE		1 4 7 7 7 7 37	dyed fron Dyed side				
3.	Nistaba	SIBLE INJ		Marka Dulan Ba	T ONLY USED		ND - LEFT SIDE		表 医二氏性试验	OYED BOTH				
4	5 - NO	apparen	T INJURY	美化油质 化邻磺胺磺胺二氮	DER & LAP BELT USED RESTRAINT SYSTEM -		ORCYCLE PASSE ND - MIDDLE	NGER)		T/SIDE				
- 8		INJURED	TAKEN BY	mular safiri ataur	RD FACING	6 - SECO	ND - RIGHT SIDI	5 - NOT APPLICABLE DE 9 - DEPLOYMENT UNKNO				V.		
89		TRANSP			ESTRAINT SYSTEM -	- British 124) - LEFT SIDE ORCYCLE SIDE C	AR)		EJECTIC				
	1RE# 2 - EMS	ATED AT S	CENE	REAR FA 7 - BOOSTE		8 - THIRE) - MIDDLE		1 - NOT E	And the Police				
10,5	3 - POL	2. SHEEP EL 1		8 - HELMET		*** ** * ** * * * * * * * * * * * * *) - RIGHT SIDE PER SECTION O	F TRUCK CAB	facilie Nixel	ALLY EJECTI	ED			
	9 - OTH	IER / UNK	NOWN	to be the control of the property of the control of	TIVE PADS USED		SENGER IN OTH			LY EJECTEE				
		G:	NDER	Albert 1. Chest 1. Chest	'S, KNEES, ETC) TIVE CLOTHING	SUC	30 AREA (NON-TI H AS A BUS, PICK-U	WITH CAP)	4 - NOT A	APPLICABLE				
8.	F - FEM	Charles and		낚하는 사람들은 것이	NG - PEDESTRIAN	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	senger in Une Go area	NCLOSED		TRAPPI	ED			
5	M - MA	LE			LE ONLY	13 - TRAI	LING UNIT		1 - NOT T 2 - EXTRI					
	U - OTH	HER / UNK	NOWN	99 - OTHER	/ UNKNOWN	사람이 많이 많아.	ng on Vehicle -trailing Unit)	EXTERIOR		ANICAL ME	ANS			
2			가격하다 하네 보다. 라이나는 Hall Fall 다			15 - NON	I-MOTORIST		3 - FREED		A L . A A F . A J			
ှိ	. 6 %			ng dua K		99 - OIH	ER / UNKNOWN	Tarihi dalah daramatan bar		MECHANIC	ne nemari	Marin Gerinia		
4	NAME: LAS	ST, FIRST, MII	DDLE					DAT	re of Birth		AGE	GENDER		
7	ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE	1			
Ĺ														
1	NAME: LAS	ST, FIRST, MIC	DDLE					DAT	TE OF BIRTH		AGE	GENDER		
2 /	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
1	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH AGE GEN			GENDER					
4								CONTACT PHONE - INCLUDE AREA CODE						
4	ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE				

OHIO DE OF Pural	PARTMENT O	CCUPANT	/ WITN	ESS A DDEND	UM				ORT NUMBER			
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH	1	AGE	GENDER	
1												
ADDRESS	STREET, CIT	Y, STATE, ZIP		•••			CONTACT PHON	E - INCLUDE AR	EA CODE			
INJURIES	INJURED	EMS AGENCY (NAME)	<u></u>	INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING	AIR BAG USAG	E EJECTION	TRAPPED	
5	TAKEN BY 1	l				1	MC HELMET	POSITION 11	1	1	1	
UNIT #	NAME: LA	ST, FIRST, MIDDLE				•	DA	TE OF BIRTH		AGE	GENDER	
1							09	/27/2013				
ADDRESS	STREET, CIT	r, State, Zip					CONTACT PHON	E - INCLUDE AR	EA CODE		-	
Ō'-	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY ((NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	E EJECTION	TRAPPED	
5	TAKEN BY 1					1 1	MC HELMET	POSITION 11	1	1	1	
UNIT #	 	ST, FIRST, MIDDLE					DA	TE OF BIRTH	1	AGE	GENDER	
1									i			
ADDRESS:	LI STREET, CITY	, STATE, ZIP					CONTACT PHON	_ include ari	EA CODE			
CCUP												
	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY ((NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG		TRAPPED	
5		ST, FIRST, MIDDLE	-			1	DATE OF BIRTH AGE					
UNIT #	NAME: LA	SI, FIRSI, MIDDLE					DA	IF OF RIKIH		AGE	GENDER	
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							' INCLUDE AD	1.6005			
Address:	SINEEI, CITT	, 31A1L, 211		CONTACT PHONE	- INCLUDE ARE	A CODE						
9-	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (I	NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAGI	EJECTION	TRAPPED	
5	TAKEN BY 11					1	MC HELMET	position 11	 1	1	1	
		URIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U		'	
1 - FAT/			1 - NONE U		1 - FRON	IT - LEFT SIDE		. 1 - NOT I	DEPLOYED			
877-1733-00		ERIOUS INJURY	VEHICLE	OCCUPANT	The second secon	ORCYCLE DRIVE IT - MIDDLE	:R)	\$1000 pt 1551 (51)	OYED FRON	Ť		
3 - SUS	PECTED M	IINOR INJURY	diadexión idead id	DER BELT ONLY USED	医多氯苯甲酚 化硫铁铁铁矿	IT - RIGHT SIDE		3 - DEPLO	OYED SIDE			
4 - POS	SIBLE INJU	JRY		T ONLY USED DER & LAP BELT USED		ND - LEFT SIDE		\$4.00 PM 45000 000	OYED BOTH			
5 - NO	APPAREN'	T INJURY		ESTRAINT SYSTEM -		ORCYCLE PASSE ND - MIDDLE	NGER)		t/side Applicable			
12.11	136 1.3 . 12	TAKEN BY	FORWA	RD FACING		ND - RIGHT SIDI		gu ang sandasika	DYMENT UN	IKNOWI	V	
1 4 5 1 5 4 A 2 5 1 1	TRANSPO			estraint system -) - Left side Orcycle side c	AR)		EJECTIC	AND THE STATE OF		
2 - EMS	ATED AT S	CENE	REAR FA		8 - THIRD) - MIDDLE		1 - NOT E		/N	96600000Xg	
3 - POL			8 - HELMET		M44.0208.0000.0000) - RIGHT SIDE PER SECTION O	E TRLICK CAR		ALLY EJECTI	D	3000	
9 - OTH	IER / UNKI	NOWN	9 - PROTEC	TIVE PADS USED		SENGER IN OTH	Chekkaristki inni Lijin vili	3 - TOTAI	LY EJECTED)		
			프로마이 사용이 되고 있다. 그 이 경험을 받아	S, KNEES, ETC)		GO AREA (NON-TI H AS A BUS, PICK-UF		4 - NOT A	APPLICABLE	Y de la constant		
	70,640 L MAR	NDER		TIVE CLOTHING	12 - PASS	SENGER IN UNE			TRAPP	D		
F - FEM			a jil nakisi faku bibatabilah ya.	ng - Pedestrian Le only	ud Edrophia mījūšiau	GO AREA LING UNIT		1 - NOT T	pris from all North Appendicts	20 (E. S.)	500 527	
M - MA		NOVAL	99 - OTHER	/ UNKNOWN		NG ON VEHICLE	EXTERIOR	2 - EXTRIC		3,- 1,- 1,- 1637.	180	
0-016	IER / UNK	INOWIN				TRAILING UNIT)		MECH. 3 - FREED	ANICAL ME.	ANS		
	15 - NON-MOTORIST 99 - OTHER / UNKNOW							San Array Carlot and Carlot	MECHANICA	AL MEAN	vs	
NAME: LAS	ST, FIRST, MID	.vec.u.eu enggeseendese() DDLE	,				DA	TE OF BIRTH		AGE	GENDER	
<u> </u>	, , , , , , , , ,											
ADDRESS:	STREET, CITY	, STATE, ZIP		•			CONTACT PHONE	- INCLUDE ARE	A CODE			
									ı			
NAME: LAS	ST, FIRST, MIC	DDLE						TE OF BIRTH		AGE	GENDER	
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAS	AME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENE			GENDER		
4												
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA	A CODE			

OHIO DE	PARTMENT O	CCUPANT	/ Witn	ESS A DDEND	UM				ORT NUMBER		
UNIT #	,	ST, FIRST, MIDDLE				-	DA	TE OF BIRTH	00231	AGE	GENDER
1											
ADDRESS	: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE		
<u> </u>											
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTIO	N TRAPPED
5	ву _1	J				1	MC HELMET	11	1	1	1
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH	_ 1	AGE	GENDER
1											
ADDRESS:	: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE		
ινικιριες.	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	ELECTIO	N TRADDED
5	TAKEN	EIVIS AGENCY (NAME)		TO TAKE TO THE DOCK TACKETY	(MANIE, CITY)	1	DOT-COMPLIANT	POSITION		DECTIO	IKAFFED
UNIT #	-	I ST, FIRST, MIDDLE				1		11	1	ACE.	CENTER
	IVAIVIE; LA	ST, FIKST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER
1 ADDRESS:	STREET, CIT	, STATE, ZIP					CONTACT PHONE	- INCLUDE AR	EA CODE		
AIID.	,	,, ,					CONTACT FROM	INCEODE AR	EA CODE		
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Compliant	SEATING	AIR BAG USAG	EJECTIO	N TRAPPED
5	TAKEN BY 1 1					1	MC HELMET	position 11	1 1	1	1
UNIT #	$\vdash =$	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER
1											
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE		
וככווו											
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTIOI	TRAPPED
5	ву _1_,					1	MC HELMET	11	1	1	1
North Section 1.	LNI	URIES	SAFET	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE	a Makazara
1 - FATA	AL		1 - NONE U	JSED - OCCUPANT	 # 978 MARCH 1998 	IT - LEFT SIDE FORCYCLE DRIVE	:p)	1 - NOT [DEPLOYED		
3000000000000		ERIOUS INJURY		DER BELT ONLY USED	2 - FRON	IT - MIDDLE	.iy		OYED FRON	T	
	SIBLE INJ	IINOR INJURY	BIAGIOSIP LAKO	T ONLY USED		IT - RIGHT SIDE ND - LEFT SIDE			OYED SIDE		
280 mail 640 m	APPAREN		4 - SHOULE	ER & LAP BELT USED		ORCYCLE PASSE	NGER)	FRON	DYED BOTH T/SIDE		
	INTURE	TAKENDY		ESTRAINT SYSTEM -	A Property of the Control of the Con	ND - MIDDLE ND - RIGHT SIDI		5 - NOT A	APPLICABLE		
1 - NOT	TRANSP	TAKEN BY		RD FACING ESTRAINT SYSTEM -		ND - KIGHT SIDE D - LEFT SIDE		9 - DEPLO	DYMENT UN	KNOW	N
different belagen auch f	ATED AT S	94 TALWAL BURE R 6888 TO 66	REAR FA	PARTOGER PARTY CONTROL TO A CONTROL OF A CON		ORCYCLE SIDE C	AR)		EJECTIC	N	
2 - EMS			7 - BOOSTE	R SEAT) - MIDDLE) - RIGHT SIDE		1 - NOT E	JECTED		
3 - POLI			8 - HELMET		anakaning pitang ini	PER SECTION O			ALLY EJECTI	Description	
9 - OIH	IER / UNK	NOWN	 45 No. of Carlot September 2, hep-th/9 	TIVE PADS USED S, KNEES, ETC)	하다 살아 하면 함께 그렇게 하다.	SENGER IN OTHI GO AREA (NON-TI			LY EJECTED Applicable		
10 8444511	GE	NDER		TIVE CLOTHING	SUC	H AS A BUS, PICK-UP	WITH CAP)	4-11017	3000 3000		
F - FEM	ALE			ng - Pedestrian		SENGER IN UNE GO AREA	NCLOSED	1 - NOT T	TRAPPE	D	
M - MA	(LE			LE ONLY / UNKNOWN		LING UNIT	rversion	2 - EXTRIC	\$6000000000000000000000000000000000000		
U - OTH	HER / UNK	NOWN	JJ = OTHER	7 UNKINOWIN	에 대한 경우 시간 하는 사람이 없다.	ng on Vehicle -trailing Unit)	EXTERIOR		ANICAL ME	ANS	
					15 - NON	I-MOTORIST		3 - FREED			
					99 - OTH	ER / UNKNOWN	and the first state of		MECHANICA	AL MEA	ζV
NAME: LAS	ST, FIRST, MIC	DDLE					DAT	E OF BIRTH		AGE	GENDER
ADDRESS	STREET, CITY	STATE 7/P					CONTACT PHONE	- INCLUDE ADD	A CODE		
3	JINEEI, CHI	, 5 . / (1 E ₁ E/F					SOMME PROME	HACTODE AKE	CODE		
NAME: LAS	ST, FIRST, MIC	DDLE				·····	DAT	E OF BIRTH	T	AGE	GENDER
SS	,										
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE		-
NAME: LAS	ST, FIRST, MIC	DDLE					DAT	E OF BIRTH		AGE	GENDER
ADDRESS :	STREET, CITY	CTATE 7ID			· · · ·		CONTACT PLICATE	INCOLUMN ACT	L CODE		
ADDKESS:	SIREEI, CIIY	, SIMIE, AIP					CONTACT PHONE	- INCLUDE AREA	4 CODE		