OFFO DEPARTM OF PUBLIC SAF SAFETY - BEATEST - FEET	TRAFFIC	CRASH R	LOCAL REPORT NUMBER *							
PHOTOS TAKE	N	OH-3 LOCA	21-64316							
SECONDARY	RASH 💳	A	RTING AGENCY NAME *	NCIC *	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR  1 - SOLVED 1 -					
	PRIVATE P		05213							
	1 - CITY	CATION: CITY, VILL	1 - FATAL							
52 3	3 - TOWNSHIP	ontville (Town	T		12/07/2021 09:50 4 2 - SERIOUS INJURY LATITUDE DECIMAL DEGREES SUSPECTED					
ROUTE TYPE RO		1 - NORTH LOCA 2 - SOUTH 3 - EAST	ATION ROAD NAME		ROAD TYPE	41.0995		3 - MINOR INJURY		
	102	4 - WEST			<u> </u>			SUSPECTED 4 - INJURY POSSIBLE		
ROUTE TYPE RO	1	2 - SOUTH	RENCE ROAD NAME (ROAD)	, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	ľ	5 - PROPERTY DAMAGE		
REFE		3 - EAST 4 - WEST 512	26		J	-81.873		ONLY		
REFERENCE POII 1 - INTERSECT	FROM REFERE	NCE	ROUTE TYPE	ROAD TYPE L - ALLEY HW - HIGHWAY	RD - ROAD	M MATERIAL INITE	APPROACH			
3 12 - MILE POST	7 2 - SC	OUTH FEET	DAL LIS POLITE	V - AVENUE LA - LANE	SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH  WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
3 - HOUSE#	4 - W	EST SR - STAT	3. 1833   1845   1845   1845   1845   1845   1845   1845   1845   1845   1845   1845   1845   1845   1845   18	L - BOULEVARD MP - MILEPOST R - CIRCLE OV - OVAL	ST - STREET TE - TERRACE					
DISTANCE FROM REFERENCE		E <sup>URE</sup> CR - NUM	BERED COUNTY ROUTE	T - COURT PK - PARKWAY	TL - TRAIL		ROADV	VAY		
l <sub>1</sub>	1 - M	ET TR - NUM	IBERED TOWNSHIP H	r - Drive pi - Pike e - Heights pl - Place	WA - WAY	ROADWAY D	IVIDED			
10	ATION OF FIRST HAR	Karaman	Committee of the Commit	NINTE OF CHACLICOLLISION/IMI	DACT	DIRECTION OF TRAV	/FI	MEDIAN TYPE		
1 - ON R	DADWAY 9 -	CROSSOVER	1 1 - NC	. <b>Nner of Crash Collision/Im</b> Dt Collision 4 - Rear-to-Rear	PACI	1 - NORTH 1 - DIVIDED FLUSH MEDIAN				
1 2-ON S 3-IN ME	,-	DRIVEWAY/ALLEY RAILWAY GRADE		WEEN 5 - BACKING O MOTOR 6 - ANGLE		2 - SOUTH	(<	:4 FEET ) VIDED FLUSH MEDIAN		
4 - ON RO		SHARED USE PAT		HICLES IN 7 - SIDESWIPE, SAME	DIRECTION	4 - WEST	(≥	4 FEET )		
5 - ON G0 6 - OUTSI		TRAILS BIKE LANE	2 - RE/	AR-END 8 - SIDESWIPE, OPPO	SITE DIRECTION	}		DIVIDED, DEPRESSED MEDIAN DIVIDED, RAISED MEDIAN		
7 - ON RA 8 - OFF R		TOLL BOOTH OTHER / UNKNOW	NWO			NY TYPE) THER / UNKNOWN				
		· · · · · · · · · · · · · · · · · · ·		LOCATION OF CRASH IN \	NODY ZONE	CONTOUR	CONDITIO			
WORK ZONE RE			ORK ZONE TYPE E CLOSURE	1 - BEFORE THE 1ST		111	, 1 ,	121		
WORKERS PRES	SENT	2 - LAN	E SHIFT/ CROSSOVER	WARNING SIGN 2 - ADVANCE WARN	ING AREA	1 - STRAIGHT	1 - DRY	1 ~ CONCRETE		
LAW ENFORCE	MENT PRESENT	1 1	rk on shoulder Median	3 - TRANSITION ARE		LEVEL	2 - WET	2 - BLACKTOP,		
ACTIVE SCHOO	L ZONE		RMITTENT OR MOVING WOR	K 4 - ACTIVITY AREA 5 - TERMINATION AF	DEA	2 - Straight Grade	3 - SNOW 4 - ICE	BITUMINOUS, ASPHALT		
MCUAE 2CHOO	L ZOINE	5 - OTH	ER	3 - TENIMINATION AN	\LA	3 - CURVE LEVEL 4 - CURVE GRADE	5 - SAND, MUD, OIL, GRAVEL	· •		
Li 1 - DAYLIO	GHT CONDITION		1 - CLEAR	WEATHER 6 - SNOW		9 - OTHER	6 - WATER (STAI	NDING, STONE		
1 1 2 - DAWN		1,	1 2 - CLOUDY	7 - SEVERE CROSSWINDS		\unknown	MOVING) 7 - SLUSH	5 - DIRT 9 - OTHER		
	- Lighted Roadway - Roadway Not Ligh	ITED L	3 - FOG, SMOG, SMOK 4 - RAIN	KE 8 - BLOWING SAND, SOIL, DIRT 9 - FREEZING RAIN OR FREEZIN			9 - OTHER / UNI	(NOWN / UNKNOWN		
5 - DARK	UNKNOWN ROADWA		5 - SLEET, HAIL	99 - OTHER / UNKNOWN	O DIMELLE					
	R / UNKNOWN			<del></del>						
NARRATIVE	veling east on We	daewood Rd in	the 5100 block. A deer	entered						
the roadway fro	m the left (north)	and Unit #1 str	uck it with it's front end.	Unit #1				(A)		
			mage, and a 3-year-old life Support Team.	occupant				<b>V</b>		
was checked to	rinjuries at the sce	ne by Medina i	ile support realli.							
						WEDGEWOOD RD. (S	K 162)	···		
				===			<u></u>			
						<b>───</b>				
						Property of the state of the st				
						64.12				
						Not To Scale				
						1 1				
CDACH BERGE	TED DATE / TIME	T nice	ATCH DATE / TIME	ARRIVAL DATE / TIM	r I	SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY		
				12/07/2021 09:5		12/07/202°		POLICE AGENCY		
	021 09:52		07/2021 09:54				1 10,30	MOTORIST		
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIM	TOTAL MINUTES	OFFICER'S NAME* Gaede, Seth		ecked by OFFICER earle, Cory	S NAME.	L \$1605	SUPPLEMENT		
				DGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*			(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO		
0							1605			



## LOCAL REPORT NUMBER

21-64316

UNIT#	OWNER NAME: LAST, FIRST,	MIDDLE / Dearte ve Dob/co/	- Ic	OWNER PI	HONE:INCHUDE ARI	A CODE ( SAME AS DRIVER)	DAMAGE						
1	CORREIA, JANNA, M	WIDDER ( COAME AS DRIVER)					DAMAGE SCALE						
OWNER A		TIP ( FT SAME AS DRIVER)					1 - NONE 3 - FUNCTIONAL DAMAGE						
WOWNER ADDRESS: STREET, CIPY, STATE, ZIPY C SAME AS DRIVER)  6189 TYNDALE LN., MEDINA, OH, 44256  1 - NONE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE													
	CIAL CARRIER: NAME, ADDRES			Course	roccal Cappure DU	ONE: INCLUDE AREA CODE	9 - UNKNOWN						
COMMER	LIAL CARRIER: NAME, ADDRES	S, CIT, SIATE, ZIP		COMME	EKCIAL CARRIER F FI	JIVE. INCLUDE AREA CODE	DAMAGED AREA(S)						
<u> </u>								CATE ALL THAT APPLY					
LP STATE	LICENSE PLATE #		IDENTIFICATION #	١,	/EHICLE YEAR	VEHICLE MAKE							
OH	EYG9375		BC1GH429650		2016	SUBARU		11 12 1					
INSURA VERIFIE	INSURANCE COMPAI		SURANCE POLICY #		COLOR	VEHICLE MODEL		12					
LAIVERIFIE	<del>\</del>	1454	2-57-92-65	1	RED	FORESTER	10/	2 10 11 1 2					
	TYPE OF USE	IN EMERGENCY	US DOT#		BY: COMPANY NA S TOWING	AME	10 2 -						
СОММЕ	RCIAL GOVERNMENT	RESPONSE -	F MITIGUE CLOWD (CCIMP	TEIDI.	HAZARDOU	MATERIAL							
INTERL		# OCCUPANTS	E WEIGHT GVWR/GCWR 1 - ≤10K LBS.		ERIAL CLAS		$\sqrt{}$	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
DEVICE			2 - 10.001 - 26K LBS.		ASED			* \ 6					
5 -> 20K LOS.													
		•		MO (LIVERY V	= -	PEDESTRIAN/SKATER		12					
3	(MINIVAN) 8 - MC		A CINICIDATE	IS (16+ PASS THER VEHICL		WHEELCHAIR (ANY TYPE) OTHER NON-MOTORIST	10/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
UNIT TYP	3 - SPORT UTILITY 9 - AU	JTOCYCLE	TRUCK 21 - HF	AVY EQUIPM		BICYCLE	•	' <del>                                     </del>					
	10 - N	NOTED ON MOTORIZED	5 - SEMI-TRACIUR	IIMAL WITH		TRAIN	·						
	. Tiek of		7 - MOTORHOME AN	IIMAL-DRAW	N VEHICLE 99 -	JNKNOWN OR HIT/SKIP	, ·	7 1000 5 4					
. 0	(ATV)		, motoratoria				• ,						
ـــــــــــا	# of TRAILING UNITS						11 12	5 11 12					
	WAS VEHICLE OPERATING IN AL		0 - NO AUTOMATION 3 - 0	CONDITION	AL AUTOMATION	9 - UNKNOWN							
> _	MODE WHEN CRASH OCCURRE	D?   0	1 - DRIVER ASSISTANCE 4 - I	HIGH AUTOI	MATION		10/ `    -     / \	( 10/ \ <u>                                     </u>					
1 2	1-YES 2-NO 9-OTHER/U	JNKNOWN AUTONOMOUS	2 - PARTIAL AUTOMATION 5 - I	FULL AUTON	MATION		10 2	1, ( <del>                                    </del>					
	<u> </u>	MODE LEVEL					\_	/					
•	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM		21 - MAIL CARRIER	7 5	4 0 7 5 4					
1 1	2 - TAXI 3 - ELECTRONIC RIDE	7 - BUS - INTERCITY 8 - BUS - SHUTTLE	12 - MILITARY 13 - POLICE	17 - MOW	ring V removal	99 - OTHER / UNKNOWN		6					
SPECIAL	SHARING	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWI			7 6	6 5					
FUNCTION	4 - SCHOOL TRANSPORT	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.	20 - SAFET									
	5 - BUS - TRANSIT/COMMUTER			PATRO	DL			12 12 12					
4	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DUMF	P	99 - OTHER / UNKNOWN	12						
	/ NOT APPLICABLE	5 - INTERMODAL	8 - POLE	12 - CONC	RETE MIXER		, <b>11</b> ,						
CARGO	2 - BUS 3 - VEHICLE TOWING	CONTAINER CHASSIS 6 - CARGOVAN	9 - CARGO TANK		TRANSPORTER		: قرات کیا و	9 🚰 3 9 🎞 3 9 🥮 3					
BODY TYPE	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX	10 - FLAT BED	14 - GARB	AGE/REFUSE			<b>♦ •</b> •					
	, 1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOI	R TROUBLE	99 - OTHER / UNKNOWN	6						
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT		SLED FROM PRIOR			6 6 6					
VEHICLE		6 - TIRE BLOWOUT	DEFECTIVE	ACCID	DENT			_					
DEFECTS							∐- NO DAMA	GE[0] L- UNDERCARRIAGE[14]					
	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE		WAY ACCESS	99 - OTHER / UNKNOWN	☐- <b>TOP</b> [13]	- ALL AREAS [ 15 ]					
NON-	MARKED CROSSWALK 2 - INTERSECTION -	MARKED CROSSWALK 5 - TRAVEL LANE -	8 - SIDEWALK	11 - SHARI OR TR	ED USE PATHS AILS			LI- ALL AREAS [ 13 ]					
MOTORIST	UNMARKED CROSSWALK	OTHER LOCATION	9 - MEDIAN/CROSSING ISLAND	12 - FIRST	RESPONDER		<u> </u>	- UNIT NOT AT SCENE [ 16 ]					
LOCATION	3 - INTERSECTION - OTHER	6 - BICYCLE LANE			CIDENT SCENE								
	1 - NON-CONTACT	1 - STRAIGHT AHEAD 2 - BACKING	9 - LEAVING TRAFFIC LANE		ING, RUNNING, ING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE		AL POINT OF CONTACT					
_	2 - NON-COLLISION 1	, 3 - CHANGING LANES	10 - PARKED	16 - WORK		99 - OTHER / UNKNOWN	0 - NO DA						
L 3 _	3 - STRIKING	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED				12 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE						
ACTION		5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS		oaching or Ng Vehicle		DIAGRAM 99 - UNKNOWN						
	5 - BOTH STRIKING	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	19 - STANI	DING		13 - TOP						
	& STRUCK	8 - ENTERING TRAFFIC	14 - ENTERING OR CROSSING	20 - OTHE	R NON-MOTORIST			TRAFFIC					
	9 - OTHER / UNKNOWN	8 - FOLLOWING TOO CLOSE	SPECIFIED LOCATION  13 - IMPROPER START FROM	18 - OPERA	TING DEFECTIVE	23 - OPENING DOOR INTO	TO A PRIMITAL TO THE	TRAFFIC CONTROL					
	1 - NONE 2 - FAILURE TO YIELD	/ACDA	A PARKED POSITION	EQUIPN	.,.,.	ROADWAY	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN					
	3 - RAN RED LIGHT	9 - IMPROPER LANE	14 - STOPPED OR PARKED	19 - LOAD		99 - OTHER IMPROPER	2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN					
1 1	4 - RAN STOP SIGN	CHANGE 10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID		NG/SPILLING OPER CROSSING	ACTION	2	6 3 - FLASHER 6 - NO CONTROL					
CONTRIBUTI	J 5 - UNSAFE SPEED  NG 6 - IMPROPER TURN	11 - DROVE OFF ROAD			IN ROADWAY								
CIRCUMSTAN	ICES 7 - LEFT OF CENTER	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT D	ISCERNIBLE		# OF THROUGH LANES	RAIL GRADE CROSSING					
2							ON ROAD	1 - NOT INVLOVED					
SEQUENC	E OF EVENTS	ekus neerik oo beken	EVENTS				, 2 ,	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING					
1 18	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	19 - ANIMA	AL -OTHER 2	3 - STRUCK BY FALLING,							
1 🗀	2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT		20 - MOTO TRANS	R VEHICLE IN	SHIFTING CARGO OR ANYTHING SET IN	UNIT / N	ON-MOTORIST DIRECTION					
	3 - IMMERSION 1 4 - JACKKNIFE	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	21 - PARKE		MOTION BY A MOTOR	,	1 - NORTH 5 - NORTHEAST					
2	5 - CARGO / EQUIPMENT	11 - CROSS CENTERLINE -	16 - RAILWAY VEHICLE	VEHIC	LE 2	VEHICLE 4 - OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST					
	LOSS OR SHIFT	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - FARM	22 - WORK	ZONE TENANCE	OBJECT		3 - EAST 7 - SOUTHEAST					
з [	6 - EQUIPMENT FAILURE	O, INVITE	18 - ANIMAL - DEER	EQUIP			FROM 4 TO	4 - WEST 8 - SOUTHWEST					
_			N WITH FIXED OBJECT - S					9 - OTHER / UNKNOWN					
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	45 - EMBAI 46 - FENCE		2 - BUILDING 3 - TUNNEL	UNIT SPEED	DETECTED SPEED					
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER	SUPPORT	47 - MAILB		4 - OTHER FIXED	ONII SPEED	DELECTED SPEED					
5 l	STRUCTURE  27 - BRIDGE PIER OR	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE	48 - TREE 49 - FIRE H	YDRANT 9	OBJECT 9 - OTHER / UNKNOWN	ı 40 ı	1 - STATED / ESTIMATED SPEED					
	ABUTMENT	35 - MEDIAN CONCRETE	OR SUPPORT	50 - WORK	ZONE		10						
61	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT 43 - CURB	EQUIPI	TENANCE MENT	Ì	POSTED SPEED	1 2 - CALCULATED / EDR					
I	30 - GUARDRAIL FACE	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL		į		3 - UNDETERMINED					
, 1	FIRST HARMFUL EVEN	т , 1 , мост	HARMFUL EVENT				<sub>1</sub> 50 <sub>1</sub>	5 - GINDETERMINED					
	I FIRST MAKINIFUL EVEN	. [   [WOST	INCIDENT OF PACIAL					i					

ON PUBLIC BATTY MOTORIST / NON-MOTORIST											LOCAL REPORT NUMBER 21-64316								
	UNIT #			IRST, MIDDLE						<del>.</del>	+	-	DATE OF BIRTH		$\overline{}$	AGE	GENDER		
ı	1	CORREIA, JANNA, M							İ		12/11/1985			35	F				
Ь	ADDRESS: STREET, CITY, STATE, ZIP										CONT	ACT PHO	ONE - INCLUDE	AREA CODI	<b>_</b>	_			
AOTORIST / NON-MOTOR	6189 TY	NDALE LI	N., N	1EDINA, OH, 44256										F BIRTH AGE GENDE  /1985 35 F  NCLUDE AREA CODE  SEATING OSITION 1 4 1 1  CITATION NUMBER  ST DRUG TEST(S)  ALUE STATUS TYPE RESULTS SELECT UP TO 1 1 1  F BIRTH AGE GENDE  NCLUDE AREA CODE  SEATING OSITION AIR BAG USAGE EJECTION TRAPPLE  OSITION NUMBER  CITATION NUMBER					
N-MC	INJURIES	JURIES INJURED EMS AGENCY (NAME) TAKEN					TAKEN TO:	MEDICAL FACILITY (NAME,	CITY)	SAFETY EQUIPMENT		T-Compli			AG USAG	E EJECTION	TRAPPED		
No No	5	BY 1								4		HELME	r 1		4 1		1		
RIST	OL STATE	OPERATOR LICENSE NUMBER					SE CHAR	GED	LOCAL	OFFENSE DESCR	IPTION			CITA	N NOIT	UMBER			
MOTO	ОН											1 6014	OL TEST	i	DRU	c TECT/	<u></u>		
_	OL CLASS	ENDORSE	MENT	RESTRICTION SELECT UP TO 3		VER TRACTED		HOL / DRUG SUSPI DHOL MARUI		CONDITION	STATUS	TYPE	OL TEST VALUE	STATUS					
	4				ВУ	1	III	ER DRUG		1	1	1		1	1				
	UNIT #	NAME: LA	AST, FI	RST, MIDDLE								-	DATE OF BIRTH	1		AGE	GENDER		
RIST	ADDRESS:	STREET, CIT	Y, STA	ATE, ZIP							CONT	CONTACT PHONE - INCLUDE AREA CODE							
OTO		r				Lumpeo	TAKENTO	Bancon Francisco	cind	SAFETY EQUIPMENT	<del>.  </del>		SEATING	TAIRR	AID DAG LIGAGE CIPCOLO.				
N-NC	INJURIES	INJURED TAKEN	EM:	S AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY (NAME,	CIPY)	USED		T-Complia	ANT POSITION		AG OSAG	BECTION	IKAFFED		
MOTORIST / NON-MOTORIST	OI STATE	OBERATO:	PIICE	ENSE NUMBER		OFFEN	SE CHARG	SED	LOCAL	OFFENSE DESCR				CITA	TION N	UMBER	<u> </u>		
ORIS	OLSIAIE	OPERATO	N LICE	ENSE NOWBER		OFFER	JE CHAIN	3,0	CODE	OTT ENGLE DESCRI	11011	ALCOHOL TEST			CHANGKINGER				
MO	OL CLASS	ENDORSEN	/IENT	RESTRICTION SELECT UP TO 3	DRI	<u> </u> VER	ALCO	HOL / DRUG SUSPI	CTED	CONDITION	А				DRUG TEST(S)				
	OF CENER			NEDTRICITOR SELECTION TO S		TRACTED	1—	_			STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4		
				<u> </u>			ОТН	ER DRUG		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>			
	UNIT #	NAME: LA	ST, FI	RST, MIDDLE								I	DATE OF BIRTH	ı		AGE	GENDER		
	ADDRESS.										CONT	ACT DU	ane incurre	AREA CODE					
ORIS	ADDRESS:	ORESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE								
ΜO	INJURIES INJURED EMS AGENCY (NAME)					INJURED	TAKEN TO:	MEDICAL FACILITY (NAME,	CITY)	SAFETY EQUIPMENT	Y EQUIPMENT SEATING AIR BAG USAGE				EJECTION	TRAPPED			
NON		TAKEN BY								OZED		MC HELMET					,		
MOTORIST / NON-MOTORIST	OL STATE	OPERATO	RLICE	NSE NUMBER		OFFEN	NSE CHARGED LOCAL OFFENSE DESCRI			IPTION	TION			CITATION NUMBER					
ğ																			
Σ	OL CLASS	ENDORSEN	MENT	RESTRICTION SELECT UP TO 3		STRACTED ALCOHOL MARIJUANA			CONDITION	ALCOHOL TEST STATUS TYPE VALUE S		STATUS	DRUG TEST(S)  TATUS TYPE RESULTS SELECT UP		•				
					ву			ER DRUG			JIAIOJ	'''-		31,71103			Jeec. 0, 70 4		
8	INJU	JRIES		SEATING POSITION		AIR BA	G _	OL CLAS	SS	OL RESTRIC	TION(S	DR	VER DISTRA	CTION	1	EST STA	TUS		
	FATAL				1 - NOT D 2 - DEPLO		T	1 – CLASS A		1 - ALCOHOL INTE	RLOCK		OT DISTRACTED	TING AN		NE GIVEN T REFUSED			
2 -	SUSPECTED INJURY	SERIOUS		2 - FRONT - MIDDLE	3 - DEPLO' 4 - DEPLO'			2 - CLASS B		2 - CDL INTRASTAT 3 - CORRECTIVE LE			ECTRONIC OMMUNICATION	DEVICE	3 - TES	T GIVEN, NTAMINATE	D SAMPLE		
3 -	SUSPECTED INJURY	MINOR	NOR 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - (Y 5 - SECOND - MIDDLE 9 -			FRONT/SIDE 3 - CLASS C 4 - FARM WA 5 - NOT APPLICABLE 4 - REGULAR CLASS 5 - EXCEPT CL				4 - FARM WAIVER 5 - EXCEPT CLASS /	M WAIVER PT CLASS A BUS		(TEXTING, TYPING,		/ UNUSABLE				
200	POSSIBLE IN					5 M/C MODED ONLY & CL			6 - EXCEPT CLASS / & CLASS B BUS		3 - TALKING ON HANDS-F COMMUNICATION DEV DAILER 4 - TALKING ON HAND-HI		DEVICE	RESULTS KNOWN					
499	MILIDIES	TAVENIE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION 6 - NO VALID OL 8 - INTERMEDIATE				N INSTITUTE RESULTS UNKNOWN										
70.0	8 - THIRD - MIDDLE 1 - NOT TRANSPORTED 9 - THIRD - RIGHT SIDE		9 - THIRD - RIGHT SIDE	1 - NOT EJECTED RESTRICTIONS 2 - PARTIALLY EJECTED OL ENDORSEMENT 9 - LEARNER'S PERI 2 - TOTALLY EJECTED RESTRICTIONS				MIT	El 6 - P.	LECTRONIC DEVI ASSENGER	E	1 - NO	<b>JE</b>	STITPE					
2 -	/TREATED / EMS	AT SCENE		OF TRUCK CAB	EEPER SECTION 3 - TOTALLY EJECTED			H = HAZMAT 10 - LIMITED TO DA ONLY			AYLIGHT	INSIDE THE VEHICLE			2 - BLOOD 3 - URINE				
3	POLICE			11 - PASSENGER IN OTHER ENCLOSED CARGO				M - MOTORCYCLI P - PASSENGER	11 - LIMITED TO EA 12 - LIMITED - OTH	ER	О	THER DISTRACTION	CLE	4 - BRE 5 - OTH					
30	- OTHER / U			BUS, PICK-UP WITH CAP)	1 - NOT TE 2 - EXTRIC		ANIC	N - TANKER 1.		13 - MECHANICAL (SPECIAL BRAK	ES, HAND	9.0	CONDITION CONDITION		DR 1 - NOI	UG TES	ГТҮРЕ		
25.	SAFETY EQUIPMENT			12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT	3 - FREED	BY	ANS AL MEANS	Q - MOTOR SCOOTER R - THREE-WHEEL		CONTROLS, OF	ICES)	ES) 1 - APPARENTLY NO			2 - BLO 3 - URII	LOOD			
	NONE USEE SHOULDER USED			14 - RIDING ON VEHICLE EXTERIOR	. NOIN-II)	· · · · · · · · · · · · · · · · · · ·		MOTORCYCLE S - SCHOOL BUS	MOTORCYCLE 14 - MILITARY VEHICL		LES	ES 3 - EMOTIONAL (E.G.,			4 - OTF	IER			
	LAP BELT OF SHOULDER			(NON-TRAILING UNIT) 15 - NON-MOTORIST				T - DOUBLE & TRI	PLE	16 - OUTSIDE MIRE 17 - PROSTHETIC A	OR	DI	STURBED) LNESS		DRUG TEST RESULT(S)  1 - AMPHETAMINES				
	USED CHILD REST		1000	99 - OTHER / UNKNOWN	TRAILERS 10 OTHER			18 + OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.				BITURATES ZODIAZEPII	JES				
	- FORWARD	FACING								6 - UNDER THE INFLUENC MEDICATIONS / DRUG									
暖.	- REAR FACI BOOSTER SE	NG						F - FEMALE					LCOHOL THER / UNKNOW	IN .	6 - OPIA 7 - OTH	NTES / OPIC ER	IDS		
8 -	HELMET USI	ED			12 12 3 3 78 11 1			M - MALE U - OTHER / UNK	NOWN						8 - NEG	ATIVE RESU	LTS		
	(ELBOWS, K - REFLECTIVI	E CLOTHING										1							
ं	- LIGHTING -/ BICYCLE C - OTHER / U	ONLY	1								10 75 10 10 100 10								

OF PUBLIC BANKET OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 21-64316								
	UNIT #			FIRST, MIDDLE					DA	TE OF BIRTH	04310	AGE	GENDER			
LN	ADDRESS:	STREET, CIT	TY, 5	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
CCUP																
ö	INJURIES	INJURED	E	MS AGENCY (NAME)	<del></del>	DOT-COMPLIANT	SEATING	AIR BAG USAG	EJECTION	TRAPPED						
	4	TAKEN BY 1		MEDINA LIFE SUPPORT TE	EAM			5	MC HELMET	6	3	1	1			
Ξ	UNIT #	$\vdash$	_	FIRST, MIDDLE			DA	TE OF BIRTH	<u>'                                    </u>	AGE	GENDER					
		}														
ANT	ADDRESS:	STREET, CIT	ΓY, S	TATE, ZIP		-			CONTACT PHONE	- INCLUDE ARE	EA CODE					
Ŝ																
ŏ	INJURIES	INJURED	E	MS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
		TAKEN BY	_						MC HELMET							
	UNIT #	NAME: LA	۹ST,	FIRST, MIDDLE	-				DATE OF BIRTH AGE GENDER							
MAG	ADDRESS:	STREET, CIT	Y, S	TATE, ZIP	-				CONTACT PHONE	- INCLUDE ARE	EA CODE					
OCCUPANT																
U	INJURIES	INJURED TAKEN	E	MS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY L	J						MC HELMET				<u> </u>			
	UNIT #	NAME: LA	AST,	FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER			
NAG	ADDRESS:	STREET, CIT	Y, S	TATE, ZIP					CONTACT PHONE	EA CODE						
D O							<u> </u>	I			I	12	I			
		TAKEN	E	VIS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	IRAPPED			
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		IN.	JΠ	RIES	0509990000000000000	/ EQUIPMENT USED	4 FDON	SEATING POS	ITION		The Little of C	SAGE	a traderough			
	1 - FAT/				1 - NONE U VEHICLE	OCCUPANT		IT - LEFT SIDE FORCYCLE DRIVE	.R)							
ľ				IOUS INJURY IOR INJURY		DER BELT ONLY USED	2 - FRON	3 - DEPLOYED FROM				XIBGBSSSS				
		SIBLE INJ			3 - LAP BEL	T ONLY USED	A 14 12 64 A 16 A 1	IT - RIGHT SIDE ND - LEFT SIDE								
H	1.000	APPAREN				DER & LAP BELT USED	ORCYCLE PASSE	NGER)	FRONT/SIDE							
ı		INHIDE		AKEN BY		ESTRAINT SYSTEM - RD FACING		ND - MIDDLE ND - RIGHT SIDI								
	1 - NOT	TRANSP	4.7			ESTRAINT SYSTEM -	11 dig 4 di 11 di 11 di 12 di	) - LEFT SIDE	9 - DEPLOYMENT UNKNOWN							
		ATED AT S	<u> </u>		REAR FA	ACING		ORCYCLE SIDE C ) - MIDDLE	EAR) EJECTION				2010-800y1			
I.	2 - EMS				7 - BOOSTE		and the second of the second	) - RIGHT SIDE	1 - NOT EJECTED							
	3 - POLI				8 - HELMET			PER SECTION O		INOCK CAB						
1	9 - OIH	IER / UNK	(N(	JWN	N. 741 P. P. S. D. 475	TIVE PADS USED S, KNEES, ETC)		SENGER IN OTHI GO AREA (NON-TI								
	VI VENTE	GI	ENI	DER		TIVE CLOTHING	SUCI	H AS A BUS, PICK-UP SENGER IN UNE	WITH CAP)		4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE  TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY					
	F - FEMALE 11 - LIGH					ng - Pedestrian	医乳球 经销售 化二氯甲烷	SENGER IN UNE SO AREA	IACTOSED	1 - NOT 1	AIR BAG USAGE EJECTION TO THE PROPERTY OF THE					
M - MALE						LE ONLY		LING UNIT	EVTEDIOD	PARTICIPATION OF THE						
U - OTHER / UNKNOWN 99 - OTHER /						/ CINKINOWIN	and a finished life of	ng on Vehicle -trailing Unit)	EXICKIUK	Name of the Park Co.		ANS				
		W.					15 - NON	I-MOTORIST		[10] B. 스타이트 중요하다	요즘 없이 아이를 다 가다는 것 같아.	1 8 45 4 4				
		1004660604 132. 139.04					99 - OTH	ER / UNKNOWN		NON-	MECHANICA	AL MEAN	اد			
ر	NAME: LAS	ST, FIRST, MI	IDD	LE					DA	TE OF BIRTH		AGE	GENDER			
		CTDFFT S:		TATE 710					CONTACT BUCKE	INCHIDE ASS	74 CODE					
M	ADDRESS:	STREET, CIT	Y, S	IAIE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE					
5	NAME: 140	CT EIDCT LA	וחרי			<del></del>			DΔ	TE OF BIRTH		AGE	GENDER			
SS	NAIVIE: LAS	ST, FIRST, MI	וטטו	LC					DATE OF BIRTH AGE GENUER							
	ADDRESS:	STREET, CIT	Y, 5	TATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
Ś		•														
NAME: LAST, FIRST, MIDDLE								DA	TE OF BIRTH		AGE	GENDER				
M	ADDRESS:	STREET, CIT	Y, S	TATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE					