OHO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER *				
X PHOTOS TAKE			AL INFORMATION WOOST			22-28132						
SECONDARY	□он-1Р	OTHER REPO	ORTING AGENCY NAME *	NCIC *			HIT/SKIP 1 - SOLVED	NUMBER OF UNIT	DO ANIINANI			
	PRIVATE PR	OPERTY Mon	ntville Police Department		<u> </u>	05213	2 - UNSOLVED		98 99 - UNKNOWN			
COUNTY* LOCA	LITY* LO	CATION: CITY. VILL	.AGE. TOWNSHIP*				CRASH DATE	/ TIME*	CRASH SEVERITY 1 - FATAL			
52 3	2 - VILLAGE Me	ontville (Towr	nship of)				05/28/2022	2 06:08	2 - SERIOUS INJURY			
ROUTE TYPE RO			ATION ROAD NAME			ROAD TYPE	LATITUDE D	ECIMAL DEGREES	SUSPECTED 3 - MINOR INJURY SUSPECTED			
ROUTE TYPE RO	3 li i	2 - SOUTH 3 - EAST					41.099	390				
무 ROUTE TYPE RO		4 - WEST 1 - NORTH REFE	ERENCE ROAD NAME (ROAD,	MILEPOST, HO	USE #)	ROAD TYPE	ECIMAL DEGREES	4 - INJURY POSSIBLE				
SR		2 - SOUTH 3 - EAST						370	5 - PROPERTY DAMAGE ONLY			
	102	4 - WEST	ergeste france van floorische op floorische op floorische Market	To was passed to			01.003	INTERSECTION F				
1 - INTERSEC	TION FROM REFEREN	5007677664754200	ROUTE TYPE RSTATE ROUTE (TP) AL	- ALLEY	ROAD TYPE	Y RD - ROAD	WITHIN INTE					
1 1 2 - MILE POS	T , 2 , 2 - SO	UTH	EDALLIS POLITE AV	/ - AVENUE	LA - LANE	SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3 - HOUSE #	3 - EAS 4 - WE	ST I	BL	Boulevard R - Circle	MP - MILEPOS OV - OVAL	T ST – STREET TE – TERRACE	WITHIN INTE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
DISTANCE FROM REFERENC	ROADW	AY										
300.00	1 - MI	1 ~~	ADEDED TOMALCHUD	R - DRIVE E - HEIGHTS	PI - PIKE PL - PLACE	WA - WAY	ROADWAY	IVIDED				
] 3 - YA		ITE					1				
1 - ON R	CATION OF FIRST HARI OADWAY 9 - C	ROSSOVER		NNER OF CRAS T COLLISION 4			DIRECTION OF TRAN		MEDIAN TYPE IDED FLUSH MEDIAN			
1 2-ON S		DRIVEWAY/ALLEY		WEEN 5 O MOTOR	- BACKING		2 - SOUTH		<4 FEET)			
4 - ON R		RAILWAY GRADE SHARED USE PAT	'HS OR VEHI	IICLES IN 6	- ANGLE - SIDESWIPE, SA	ME DIRECTION	3 - EAST 4 - WEST		DED FLUSH MEDIAN FEET)			
5 - ON G		TRAILS	TRAP 2 - REAI	INOPORT		PPOSITE DIRECTION		3 - DIVI	IVIDED, DEPRESSED MEDIAN			
7 - ON R	IDE TRAFFIC WAY 13 - AMP 14 -	TOLL BOOTH	3 - HEA		K-EIND				4 - DIVIDED, RAISED MEDIAN (ANY TYPE)			
8 - OFF R	AMP 99 -	OTHER / UNKNO	wn					9 - OTH	IER / UNKNOWN			
WORK ZONE R	ELATED	w	ORK ZONE TYPE	LOCATIO	N OF CRASH I	N WORK ZONE	CONTOUR	CONDITION	S SURFACE			
WORKERS PRE	SENT		E CLOSURE		BEFORE THE 1:		1		2			
LAW ENFORCE	MENIT PRESENT		IE SHIFT/ CROSSOVER RK ON SHOULDER		- ADVANCE WA		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
	WIEITH FRESCITI	1 1	MEDIAN	l l	3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA WEATHER 6 - SNOW			2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOO	DL ZONE		ERMITTENT OR MOVING WORK	·				4 - ICE	ASPHALT			
<u> </u>		5 - OTH	ER					5 - SAND, MUD, D OIL, GRAVEL	IRT, 3 - BRICK/BLOCK 4 - SLAG , GRAVEL,			
L 1 - DAYLI	IGHT CONDITION GHT		1 - CLEAR	WEATHER 6 - SNOW				6 - WATER (STAND	DING, STONE 5 - DIRT			
1 1 2 - DAWN	N/DUSK		1 2 - CLOUDY	7 - SEVERE CF	ROSSWINDS		/UNKNOWN	MOVING) 7 - SLUSH	9 - OTHER			
	LIGHTED ROADWAYROADWAY NOT LIGH	TED.	3 - FOG, SMOG, SMOKE			-		9 - OTHER / UNKN	IOMN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	- UNKNOWN ROADWA	i i	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING 99 - OTHER /	RAIN OR FREEZ UNKNOWN	ING DRIZZLE	<u> </u>					
9 - OTHEI	R / UNKNOWN											
NARRATIVE		-										
			of Wedgewood Rd. A dee		1							
			front center of the vehicle n Point Dr., where I took tl					#1				
The vehicle sus	tained front end da	mage and a to	w was requested due to a	a check				π,				
engine light that claimed no inju		n's Towing reco	overed the vehicle. The dr	river								
Clairied no inju	ry at the scene.			ļ								
						——						
						ຄ						
						1623		ooster Pike (SR 3)				
						R. (***	vostet i the fold of	(⊲= N =)			
									\\-\\-\\-\\-\\-\\-\\\-\\\\\\\\\\\\\\\\			
						χ χ			Not To Scale			
						Wedgewood Rd.						
						adge adge						
						≶						
CRASH REPOR	TED DATE / TIME	DISP	PATCH DATE / TIME ARRIVAL DATE / TIM			IME	SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY			
05/28/2	2022 06:08	05/	/28/2022 06:10	05/	/28/2022 07	:00	05/28/202	2 08:20	X POLICE AGENCY			
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*			CHECKED BY OFFICER	R'S NAME*	Mil.	MOTORIST			
	INVESTIGATION TIME		Hazek, Daniel			Searle, Cory	Un	X #1605	SUPPLEMENT			
		430	OFFICER'S BAD	OGE NUMBER*	E NUMBER* CHECKED BY C			IUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO			
130 1607							1605		ODPS)			



	THE PROPERTY OF THE PROPERTY O		22-28132									
UNIT#	OWNER NAME: LAST, FIRST,			DAMAGE								
≃ I □OWNER A	BONEWIT, CHRISTIN ADDRESS: STREET, CITY, STATE, 7		DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE									
-	2054 EAGLE PASS, WOOSTER, OH, 44691											
COMMER	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN											
		,					DAMAGED AREA(S)					
	LICENSE PLATE #		IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE		DICATE ALL THAT APPLY				
OH Insur	JOD1501 NICE INSURANCE COMPA		LTEV3JL146662 NSURANCE POLICY#		2018 COLOR	GMC VEHICLE MODEL		11 12 1				
VERIFI	GEICO	1	51087259		BLU	TERRAIN	10 11	2 10 12 2				
	TYPE OF USE	IN EMERGENCY	US DOT #		ED BY: COMPANY N	IAME	10 00 2					
СОММ		RESPONSE	LE WEIGHT GVWR/GCWF	₹ ┌──	<u>'S TOWING</u> HAZARDOU	S MATERIAL	9 8 3	J ³ ⁹ 9 3 J ³				
DEVICE	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	I⊟∾	IATERIAL CLAS ELEASED		7 5	/4 8 7 T G 74				
EQUIPE	PED		3 - > 26K LBS.		LACARD		7 5	12 7 6 5				
		•			•	PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE)	В	1 2 6				
<u> 3</u>	(MINIVAN) 8 - M	OTORCYCLE 3-WHEELED	14 CINICIE UNIT	OTHER VEH		OTHER NON-MOTORIST	10	1 2 2				
UNIT TYP	L MELLICLE	JTOCYCLE MOPED OR MOTORIZED	15 - SEMI-TRACTOR 21 - H	EAVY EQU		BICYCLE TRAIN	9	9 3 3				
					******	UNKNOWN OR HIT/SKIP	1					
≝ ∤	# of TRAILING UNITS		WO TOTAL ONLE				42	7 6				
	WAS VEHICLE OPERATING IN A	UTONOMOUS	O NO AUTOMATION 3	COMPLET		0. 1100000000	1 1 1 1	6 11 12				
X	MODE WHEN CRASH OCCURRE				ONAL AUTOMATION TOMATION	9 - UNKNOWN	10 11 1	2 10 31 1 2				
L 2	1-YES 2-NO 9-OTHER/L	INKNOWN AUTONOMOUS	2 - PARTIAL AUTOMATION 5	- FULL AUT	OMATION		9 10 2	13 10 10 13				
	1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FA	RM	21 - MAIL CARRIER						
. 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - M	OWING	99 - OTHER / UNKNOWN	8 7 5 >	/4 B 7 5 4				
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE 9 - BUS - OTHER	13 - POLICE 14 - PUBLIC UTILITY	18 - SN 19 - TO	IOW REMOVAL WING		7 6 5	7 5				
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.		FETY SERVICE TROL			12 12 12				
	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DU		99 - OTHER / UNKNOWN	17					
	/ NOT APPLICABLE 2 - BUS	5 - INTERMODAL	8 - POLE		NCRETE MIXER	33 - OTHER / GINNIOWIV						
CARGO BODY	3 - VEHICLE TOWING	CONTAINER CHASSIS 6 - CARGOVAN	9 - CARGO TANK 10 - FLAT BED		TO TRANSPORTER RBAGE/REFUSE		3 () 3 () 3 () 4 ()	9 😝 🖰 3 9 🤁 3				
TYPE	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX						T . B . 9				
L	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT		FOR TROUBLE SABLED FROM PRIOR	99 - OTHER / UNKNOWN	ľ	6 6 6				
VEHICLE DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACC	CIDENT							
_	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE	10 - DR	IVEWAY ACCESS	99 - OTHER / UNKNOWN	∐- NO DAMA					
NON-	MARKED CROSSWALK 2 - INTERSECTION -	MARKED CROSSWALK 5 - TRAVEL LANE -	8 - SIDEWALK	11 - SH	ARED USE PATHS TRAILS		□-тор[13]	- ALL AREAS [15]				
MOTORIST LOCATION	UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	OTHER LOCATION 6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIR	ST RESPONDER INCIDENT SCENE			- UNIT NOT AT SCENE [16]				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC	15 - WA	LKING, RUNNING,	21 - STANDING OUTSIDE	INIT	AL POINT OF CONTACT				
_	2 - NON-COLLISION	2 - BACKING 3 - CHANGING LANES	LANE 10 - PARKED	JOG 16 - WC	GING, PLAYING ORKING	DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DA					
3	3 - STRIKING PRE-CRASH	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC		SHING VEHICLE PROACHING OR	,	'-	ER TO UNIT 15 - VEHICLE NOT AT SCENE				
ACTION		6 - MAKING LEFT TURN	12 - DRIVERLESS	LEA	VING VEHICLE		DIAGRAM 99 - UNKNOWN					
	& STRUCK	7 - MAKING U-TURN 8 - ENTERING TRAFFIC	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	19 - STA 20 - OTI	ANDING HER NON-MOTORIST		13 - TOP					
-	9 - OTHER / UNKNOWN 1 - NONE	8 - FOLLOWING TOO CLOSE	SPECIFIED LOCATION 13 - IMPROPER START FROM	18 - OPF	RATING DEFECTIVE	23 - OPENING DOOR INTO		TRAFFIC				
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	/ACDA 9 - IMPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED	EQU	IPMENT D SHIFTING	ROADWAY 99 - OTHER IMPROPER	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN				
1 1	4 - RAN STOP SIGN	CHANGE	ILLEGALLY	/FAL	LING/SPILLING	ACTION	2 - TWO-WAY	6 12 - SIGNAL 5 - YIELD SIGN				
CONTRIBUTION	5 - UNSAFE SPEED 1G 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY		Roper Crossing Ig in Roadway			3 - FLASHER 6 - NO CONTROL				
CIRCOMSIAN	CES 7 - LEFT OF CENTER	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT	DISCERNIBLE		# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVLOYED				
SEQUENCE	OF EVENTS	. 5555 555 1 11 11					1 2 1	2 - INVOLVED-ACTIVE CROSSING				
. 18	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	EVENTS 12 - DOWNHILL RUNAWAY	19 - ANII	MAL-OTHER 2	3 - STRUCK BY FALLING,		3 - INVOLVED-PASSIVE CROSSING				
1		8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION 14 - PEDESTRIAN		TOR VEHICLE IN NSPORT	SHIFTING CARGO OR ANYTHING SET IN	UNIT / N	ON-MOTORIST DIRECTION				
2	4 - JACKKNIFE	10 - CROSS MEDIAN 11 - CROSS CENTERLINE -	15 - PEDALCYCLE 16 - RAILWAY VEHICLE		KED MOTOR	MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHEAST				
	LOSS OR SHIFT	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - FARM	22 - WOI	RK ZONE	OBJECT	2	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST				
з 📗	6 - EQUIPMENT FAILURE		18 - ANIMAL - DEER	EQU	NTENANCE IPMENT		FROM 2 TO	4 - WEST 8 - SOUTHWEST				
الم		31 - Guardrail end	N WITH FIXED OBJECT - S 38 - OVERHEAD SIGN POST		ANKMENT 52	2 - BUILDING		9 - OTHER / UNKNOWN				
4 [/ CRASH CUSHION	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENG 47 - MAII	CE 53	I - TUNNEL I - OTHER FIXED	UNIT SPEED	DETECTED SPEED				
5 [34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE	48 - TREE 49 - FIRE	HYDRANT 99	OBJECT OTHER / UNKNOWN	ı 55 i	1 - STATED / ESTIMATED SPEED				
		35 - MEDIAN CONCRETE BARRIER	OR SUPPORT 42 - CULVERT	50 - WOF								
6	29 - BRIDGE RAIL	BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST			PMENT		POSTED SPEED	2 - CALCULATED / EDR				
, 1	SU- GOMINDINIE FACE	. 1		JI - WAL	ı.		. 55 .	3 - UNDETERMINED				

LOCAL REPORT NUMBER

U	OFF PUBLIC BAPETY MOTORIST / NON-MOTORIST									LOCAL REPORT NUMBER 22-28132							
Į	UNIT #		T, FIRST, MIDDLE							+	DATE OF BIRTH AGE GET						
	1	BONEWIT	T, CHRISTINA, M.									2/12/1978	•		43	F	
AIST.	ADDRESS	STREET, CITY,	 							CON	CONTACT PHONE - INCLUDE AREA CODE						
OIO		 	WOOSTER, OH, 44691														
N-NC		TAKEN	EMS AGENCY (NAME)		INJURE) TAKEN TO: I	MEDICAL FACILITY (NAME,	, CITY)	SAFETY EQUIPMENT USED		OT-COMPLIANT	SEATING POSITION		BAG USAG	E EJECTIO	N TRAPPE	
N/	5	BY							4		C HELMET	1		1	1	1	
ORIS		OPERATOR L	LICENSE NUMBER		OFFEN	NSE CHARG	iED	LOCAL CODE	OFFENSE DESCR	IPTION		_	CITA	ATION N	IUMBER		
МОТО			<u> </u>								ALCOHOL TEST						
	OL CLASS	ENDORSEMEN	NT RESTRICTION SELECT UP TO	DI	RIVER DISTRACTED	1	HOL / DRUG SUSPE DHOL MARUL		CONDITION	STATUS	TYPE	VALUE	STATUS		G TEST(S SELECT UP TO 4	
	4	<u> </u>	3	ВУ	1		ER DRUG	<i>Jr.</i>	1	1	1		1	1	NEJOE.	I SELECT OF TO 4	
	UNIT #	NAME: LAST,	r, FIRST, MIDDLE							Ή	DA	TE OF BIRTH		一	AGE	GENDER	
RIST	ADDRESS:	STREET, CITY, S	STATE, ZIP							CONT	ACT PHON	IE - INCLUDE A	AREA COD	DE			
OTORIST / NON-MOTORIS		· · · · · · · · · · · · · · · · · · ·															
N NO	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO: N	MEDICAL FACILITY (NAME, O	CITY)	SAFETY EQUIPMENT USED	□¬po	T-COMPLIANT	SEATING POSITION	AIR B	AG USAGI	E EJECTION	N TRAPPED	
Ķ	-:	BY						1.220	<u> </u>		HELMET		\bot		<u></u>	Ш.,	
ORIS	OL STATE	OPERATOR LI	ICENSE NUMBER		OFFEN	ISE CHARG	ED	LOCAL	OFFENSE DESCR	IPTION			CITA	CITATION NUMBER			
8	31 C! ACC	ENDORSEMEN				T											
	OL CLASS	EMPORSEINE	RESTRICTION SELECT UP TO 3	DIS	RIVER ISTRACTED		HOL / DRUG SUSPE HOL MARUU.		CONDITION	A	TYPE	VALUE	STATUS	_	G TEST(SELECT UP TO 4	
				ВУ	<i>'</i>	ОТНЕ	R DRUG						J	""		Steer of	
	UNIT #	NAME: LAST,	, FIRST, MIDDLE							Т	DA	TE OF BIRTH	<u>'</u>	丁	AGE	GENDER	
														L			
Ħ	ADDRESS:	STREET, CITY, S	TATE, ZIP							CONT	ACT PHON	E - INCLUDE A	REA CODE	E			
ord/	·····	prp Jei			T.L. IDED			<u> </u>	· ·	↓						<u> </u>	
NON-MOTOR		INJURED EN TAKEN BY	MS AGENCY (NAME)		INJURED	TAKEN TO: M	MEDICAL FACILITY (NAME, C		SAFETY EQUIPMENT USED		T-COMPLIANT	SEATING POSITION	AIR B	AG USAGE	EJECTION	TRAPPED	
8-			CENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DESCRIPT						HELMET	<u></u>	+		<u></u>	<u> </u>	
TORIS	JE JIAI	or End. on	TEMPE HOMBER							PHON	CII				UMBER		
₽-	OL CLASS	ENDORSEMENT	T RESTRICTION SELECT UP TO 3	DR	RIVER	ALCOH	OL / DRUG SUSPEC	<u></u>	CONDITION	ΑΙ	COHOL	TEST		DRUG TEST(S)			
			has more same.	DIS	STRACTED		· —			STATUS	ТУРЕ	VALUE	STATUS	TYPE		SELECT UP TO 4	
				ВУ		OTHER	DRUG				<u> </u>						
	000000000000000000000000000000000000000	JRIES	SEATING POSITION	Commence and the contract of	AIR BAG	5	OL CLAS	S	OL RESTRICT	ION(S)		R DISTRAC	CTION	T T	EST STA	TUS	
903	FATAL SUSPECTED S	SERIOUS	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	2 - DEPLO	DEPLOYED OYED FRONT		1 - CLASS A		1 - ALCOHOL INTERL DEVICE	.ock	2 - MAN	DISTRACTED UALLY OPERAT	ING AN	4 Y C TO COURT	NE GIVEN PREFUSED	760	
ll.	NJURY SUSPECTED N		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	. • 17) — Kadadalania	OYED BOTH	1.0400000000000000000000000000000000000	2 - CLASS B 3 - CLASS C		2 - CDL INTRASTATE 3 - CORRECTIVE LEN			RONIC MUNICATION D	DEVICE	3 - TEST		D SAMPLE	
11	NJURY POSSIBLE INJ		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		APPLICABLE	S Saget	4 - REGULAR CLAS	S	4 - FARM WAIVER 5 - EXCEPT CLASS A I		DIAHI	TING, TYPING, ING)		/ UNUSABLE 4 - TEST GIVEN,		- 100 (100 h)	
2000	OSSIBLE INT NO APPAREN		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	9 - DEPLO	OYMENT UN	100000000000000000000000000000000000000	(OHIO = D) 5 - M/C MOPED ON	NIY	6 - EXCEPT CLASS A & CLASS B BUS		COM	ING ON HANDS MUNICATION D	DEVICE		JLTS KNOW	N	
	पामग्रह	TAKEN BY	7 – THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	Constitution Co.	EJECTIO	NI :	6 - NO VALID OL		7 - EXCEPT TRACTOR 8 - INTERMEDIATE LI		ј сом	ING ON HAND- MUNICATION D	DEVICE		ULTS UNKNO	OWN	
1, 11	NOT TRANS	WWW. Selfer Company	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE		1 - NOT EJECTED RESTRICTI				RESTRICTIONS 9 - LEARNER'S PERMI	п	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE			1.00 0000000000000000000000000000000000	CO	ST TYPE	
1	/TREATED A EMS		10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALI	LLY EJECTED APPLICABLE		H - HAZMAT		RESTRICTIONS 10 - LIMITED TO DAY	/LIGHT		R DISTRACTION	N	1 - NONI 2 - BLOO)D		
	POLICE		11 - PASSENGER IN	\$_F0003F0FILT05000	TRAPPEL	D	M - MOTORCYCLE		ONLY 11 - LIMITED TO EMPLOYMEN		INSIDE THE VEHICLE MENT 8 - OTHER DISTRACTION		N	3 - URINE 4 - BREATH			
1.65	OTHER / UN	1KNOWN	OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT,	1 - NOT TRAPPED P - PASSENGER				12 - LIMITED - OTHEI 13 - MECHANICAL DI	R	OUTSIDE THE VEHICLE			5 - OTHER				
S/	AFFTY EC	UIPMENT	BUS, PICK-UP WITH CAP) 12 - PASSENGER IN		ANICAL MEA	20020-0-5-6	N - TANKER Q - MOTOR SCOOT		(SPECIAL BRAKES CONTROLS, OR C	S, HAND		ONDITION		1 - NONE	3.6.6	TYPE	
1 - N	NONE USED		UNENCLOSED CARGO AREA 13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS R - THREE-WHEEL			ADAPTIVE DEVIC 14 - MILITARY VEHIC	ES) LES ONLY) 1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE					
U	SHOULDER BI JSED		14 - RIDING ON VEHICLE EXTERIOR				MOTORCYCLE S - SCHOOL BUS		15 - MOTOR VEHICLE WITHOUT AIR BR	es Rakes	3 - EMOT DEPRES	IONAL (E.G., SSED, ANGRY,		4 - OTHE	BORRES : 12 1: 14 1	ecopy year	
1 - SI	AP BELT ONI HOULDER &		(NON-TRAILING UNIT) 15 - NON-MOTORIST				T - DOUBLE & TRIPLE TRAILERS		16 - OUTSIDE MIRRO 17 - PROSTHETIC AID	IR .	DISTURBED) 4 - ILLNESS			0.000	TEST RE	SULT(S)	
	ISED HILD RESTRA	AINT SYSTEM	99 - OTHER / UNKNOWN	[1787. ± 189			X - TANKER / HAZM	/AT	18 - OTHER		5 - FELL A	SLEEP, FAINTEL UED, ETC.	D,	2 - BARBI			
- 1	FORWARD F			ricciosumble Maintapide		į	GENDER				6 - UNDE	R THE INFLUEN	ICE OF	4 - CANN	IABINOIDS		
્યા	REAR FACIN	G	e de la Seculatión	100			GENDER F - FEMALE		10 - 10 Maria		ALCOF				res / opioii	DS	
5 - H	IELMET USEC)	10.00			32 VILES DEB 11 C	M - MALE				19 - OTHER	R / UNKNOWN		7 - OTHER 8 - NEGAT	R TIVE RESUL	TS	
(E	ROTECTIVE ELBOWS, KN	IEES, ETC)				, # # }	U - OTHER / UNKNO	OWN			4000					0.000 004	
1 - 1	REFLECTIVE (LIGHTING - F	PEDESTRIAN	To the second se	4													
	/ BICYCLE ON OTHER / UNI																

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER 22-28132						
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH					
ADDRESS	S: STREET, CI	TY, STATE, ZIP					CONTACT PHON	NE - INCLUDE A	REA CODE		<u> </u>		
INJURIES	S INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO. MEDICAL FACILITY	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIAN MC HELMET	SEATING POSITION	AIR BAG USA	E EJECTIC	ON TRAPPE		
UNIT #	NAME: L	AST, FIRST, MIDDLE					D	ATE OF BIRTH	<u> </u>	AGE	GENDE		
ADDRESS	STREET, CI	IY, STATE, ZIP				· · · · · · · · · · · · · · · · · · ·	CONTACT PHON	CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	URIES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			DOT-COMPLIANT	AIR BAG USAG	AG USAGE EJECTION TRAPPED				
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH A					
ADDRESS	: STREET, CIT	Y, STATE, ZIP	· .				CONTACT PHON	E - INCLUDE AF	REA CODE		<u> </u>		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTIO	N TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE				DA	GENDER						
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED		
NY ORONGON	IN	IURIES	SAFETY	EQUIPMENT USED		SEATING POS		<u> </u>	AIR BAG U	L SAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN			2 - SHOULE 3 - LAP BEL 4 - SHOULE 5 - CHILD R FORWAI 6 - CHILD R REAR FA 7 - BOOSTEI 8 - HELMET 9 - PROTECT (ELBOWS 10 - REFLEC 11 - LIGHTIN / BICYCI	R SEAT USED TIVE PADS USED 5, KNEES, ETC) TIVE CLOTHING IG - PEDESTRIAN	ORCYCLE DRIVE T - MIDDLE T - RIGHT SIDE ND - LEFT SIDE ND - MIDDLE ND - RIGHT SIDE ORCYCLE PASSE ND - MIDDLE ORCYCLE SIDE ORCYCLE OR	2 - DEPLOYED FI 3 - DEPLOYED SI 4 - DEPLOYED BE FRONT/SIDE 5 - NOT APPLICA 9 - DEPLOYMENT CAR) EJE 1 - NOT EJECTED 2 - PARTIALLY EJ ER ENCLOSED 3 - TOTALLY EJEC 4 - NOT APPLICA P WITH CAP) ENCLOSED 1 - NOT TRAPPEE 1 - NOT TRAPPEE MECHANICAL 3 - FREED BY			DE DTH BLE UNKNOWN CTION CTED TED BLE PPED Y MEANS				
NAME: LAST							CONTACT PHONE	E OF BIRTH - INCLUDE AREA	CODE	AGE	GENDER		
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						
ADDRESS: S	TREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA	CODE				
NAME: LAST	r, first, mid	DLE					DAT	DATE OF BIRTH AGE					
ADDRESS: S	TREET, CITY,	STATE, ZIP			<u>. </u>		CONTACT PHONE	- INCLUDE AREA	CODE				