OHIO DEPARTS OF PUBLIC BA	TRAFFIC	CRASH F	REPORT *DENOT	TES MANDATORY FIELD FOR SUPI	PLEMENT REPORT		LOCAL REPORT	NUMBER *				
X PHOTOS TAKE			AL INFORMATION	NGTON RIDGE		22-33558						
SECONDARY	OH-1P	X OTHER REP	ORTING AGENCY NAME *		NCIC *	HIT/SKIP NUMBER OF UNITS UNIT IN ERR 1 - SOLVED 2 98 - ANIM 1 - 1 - 1 - 1 - 2 1 2 1 2 1 2 1 2 1 2 1						
	PRIVATE PR	OPERTY MO	ntville Police Department		2 - UNSOLVED	2 99 - UNKNOWN						
COUNTY* LOCA	LITY* LO	CATION: CITY. VII	LLAGE. TOWNSHIP*		CRASH DATE / TIME* CRASH SEVERITY							
<u> </u>	2 - VILLAGE M. 3 - TOWNSHIP	ontville (Tow	nship of)		06/25/2022 09:14 3 1 - FATAL 2 - SERIOUS INJU							
ROUTE TYPE RO		1 - NORTH LOC 2 - SOUTH	CATION ROAD NAME		LATITUDE DECIMAL DEGREES SUSPECTED							
SR	3 1 1	3 - EAST 4 - WEST				41.113588 3 - MINOR INJURY SUSPECTED						
ROUTE TYPE RO			ERENCE ROAD NAME (ROAD, I	MILEPOST, HOUSE #)	LONGITUDE DECIMAL DEGREES 4 - INJURY POS:							
FEREN		2 - SOUTH 3 - EAST	exington Ridge		5 - PROPERTY DAM -81.864125 ONLY							
E PETERPENCE DO		4 - WEST			DR	-81.804125 ONLY INTERSECTION RELATED						
REFERENCE POI 1 - INTERSEC	FROM REFEREN	project telegraphic	ROUTE TYPE  ERSTATE ROUTE (TP)  AL	ROAD TYPE - ALLEY HW - HIGHWA	Y RD - ROAD	WITHIN INTER	RSECTION OR ON A					
1 2 - MILE POS		OUTH	SEPALLIC POLITE	- AVENUE LA - LANE	SQ - SQUARE			4				
3 - HOUSE #	4 - WE	SR = STA	DL DL	BOULEVARD MP - MILEPOS - CIRCLE OV - OVAL	T ST - STREET TE - TERRAGE	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE			MOCKED COUNTY KOUTE -	COURT PK - PARKWA	The second control of the property of the second control of the se		ROADW	/AY				
$\mathbf{I}_1$	1 - MI 2 - FE	ET TRENUI	MBERED TOWNSHIP HE	- DRIVE PI - PIKE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY D	IVIDED					
	CATION OF FIRST HAR					DIRECTION OF TRAI	/m	ALEDIAN TOPE				
1 - ON R	OADWAY 9 - 0	ROSSOVER	1 - NOT	I <mark>ner of Crash Collision/I</mark> Collision 4 - Rear-To-Rea		DIRECTION OF TRAV		MEDIAN TYPE IDED FLUSH MEDIAN				
2 - ON S		DRIVEWAY/ALLE RAILWAY GRADE	1 —	VEEN 5 - BACKING		2 - SOUTH	(<4	FEET)				
4 - ON R	DADSIDE 12 -	SHARED USE PA	THS OR VEHI	CLES IN 6 - ANGLE NSPORT 7 - SIDESWIPE, SA	ME DIRECTION	3 - EAST 4 - WEST		- DIVIDED FLUSH MEDIAN ( ≥4 FEET )				
5 - ON G 6 - OUTS	ORE IDE TRAFFIC WAY 13 -	TRAILS BIKE LANE	2 - REAF	9 CIDECMIDE OF				IVIDED, DEPRESSED MEDIAN				
7 - ON R	AMP 14 -	TOLL BOOTH	3 - HEAI	D-ON 9 - OTHER / UNK	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)							
8 - OFF F	AMP 99 -	OTHER / UNKNO	DWN			9 - OTI	OTHER / UNKNOWN					
WORK ZONE R	ELATED		ORK ZONE TYPE	LOCATION OF CRASH II		CONTOUR	CONDITION					
WORKERS PRE	SENT		ne cłosure ne shift/ crossover	1 - BEFORE THE 15			_1_	2				
LAW ENFORCE	MENT PRESENT		PRK ON SHOULDER	2 - ADVANCE WAI		1 ~ STRAIGHT LEVEL	1 - DRY 2 - WET	1 - CONCRETE				
<u> </u>			MEDIAN	3 - TRANSITION A 4 - ACTIVITY AREA		2 ~ STRAIGHT	3 - SNOW	2 - BLACKTOP, BITUMINOUS,				
ACTIVE SCHOO	L ZONE	4 - IN II 5 - OTH	ERMITTENT OR MOVING WORK	5 - TERMINATION		GRADE 3 - CURVE LEVEL	4 - ICE 5 - SAND, MUD, E	ASPHALT 3 - BRICK/BLOCK				
·	IGHT CONDITION			WEATHER		4 - SLAG , GRAVEL,						
1 - DAYLI	GHT		1 - CLEAR	6 - SNOW		9 - OTHER /UNKNOWN	6 - WATER (STAN) MOVING)	DING, STONE 5 - DIRT				
1 2-DAW	I/DUSK - LIGHTED ROADWAY		2 - CLOUDY	7 - SEVERE CROSSWINDS	DT CHOW	) STARTOWN	7 - SLUSH	9 - OTHER				
	- ROADWAY NOT LIGH	TED	4 - RAIN	8 - BLOWING SAND, SOIL, DI 9 - FREEZING RAIN OR FREEZ		9 - OTHER / UNK	NOMN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	- UNKNOWN ROADWA	y lighting	5 - SLEET, HAIL	99 - OTHER / UNKNOWN								
	R / UNKNOWN					ļ						
NARRATIVE	sthound on Levinat	on Ridge Dr. a	approaching the intersection	on of								
			ster Pike and approaching			ଟୋ । । ।	,	_				
			the green light and procee			85	/	<b>(†)</b>				
			oint Dr. Unit #2 did not sto its passenger's side. Unit #			展 图						
sustained disab	ling damage to its f	front end and	Unit #2 sustained disablin	g damage		WOOSTER &						
			checked at the scene by N to be checked at Medina I	1								
for her injuries.	The driver of Unit#	1 and her pas	senger were both checked	d by								
			ed. While following up wit			/ 🛕						
			e ran the red light. The dri for having an expired drive		POINT DR.	······································	$\overline{}$	LEXINGTON RIDGE DR.				
	oth vehicles were to			=	ŷ	<b>⊿</b> 💠 🍕	<b>)</b> •	3				
						<b>(</b>	_					
						\	$\equiv$					
						1 11 1	1 1	Not To Scale				
CRASH REPOR	TED DATE / TIME	DISP	ATCH DATE / TIME	ARRIVAL DATE / TI	ME	SCENE CLEARED D	ATE / TIME	REPORT TAKEN BY				
06/25/2	022 09:15	06/	/25/2022 09:17	06/25/2022 09:	19	06/25/2022	2 10:16	X POLICE AGENCY				
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*		CHECKED BY OFFICER		7	MOTORIST				
	INVESTIGATION TIME		Gaede, Seth		Searle, Cory		XX 460	SUPPLEMENT				
			OFFICER'S BAD			OFFICER'S BADGE N	UMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO				
50	30	89	161	IO AN EXISTING								



LOCAL REPORT NUMBER

22-33558

UNIT#	OWNER NAME: LAST, FIRST,	MIDDLE (	IVER)	OWNE	R PHONE:INCLUDE AR	EA CODE ( SAME AS DRIVER)		DAMAGE	
1			·					DAMAGE SCALE	
3	, , ,						1		
<del></del>			<del></del>	T 60	LILLEDGIAL CARRIED DIL	ONE WELLES			
COMMER	CIAL CARRIER: NAME, ADDRES	S, CIT, STATE, ZIP		"	MMERCIAL CARRIER FFI	OTTE, INCLUDE AREA CODE		AMAGED AREA(S)	
I P STATE	LICENSE PLATE #	VE	HICLE IDENTIFICATION #		VEHICLE VEAR	VEHICLE MAKE	INDI	CATE ALL THAT APPLY	
		1			2015	GMC	12	12	
			INSURANCE POLICY#		COLOR	VEHICLE MODEL	11 12	1 2 1	
LXIVERIFIE			6047723520		BLK	ACADIA	10 11 1 2	10	
l		IN EMERGENCY	US DOT #	- 1			10 2		
		RESPONSE	VEHICLE WEIGHT GVWR/GCW	R 🗀	HAZARDOU	S MATERIAL			
DEVICE	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS.			SS # PLACARD ID #	0 7 5 4	B 7 9 5 4	
EQUIPP	ED	1 1	3 - > 26K LBS.		LACARD	<u> </u>	7	11 12 7	
							,, /	12	
3	(MINIVAN) 8 - MC		D 14 - SINGLE UNIT 20 -		•		l " <u>/</u>	11 2 2	
UNIT TYP	E 3 - SPORT UTILITY 9 - AU VEHICLE 10 - N		n 15 - SEMI-TRACTOR 21 -				9	9 3 3	
			16 · FARM EQUIPMENT 22 -				<del> </del>	S	
. 0			17 - MOTORHOME		33 -	ONKINO III OKTIII JOKII	8 \		
	# of TRAILING UNITS						11 12	5 11 12	
MANAGEMAN, SHAWAY AARON   MANAGEMAN SHAWAY ARON   MANAGEMAN SHAWAY A									
. 2							10 2	10 2	
<u> </u>	1-YES 2-NO 9-OTHER/U			- FULL AU	TOMATION		9 3	3 9 9 3	
	1 - NONE	_		16 - F	ARM				
ı 1						99 - OTHER / UNKNOWN			
SPECIAL	SHARING						7 6	7 6	
								12 12 12	
	<del></del>						43		
1 1						99 - OTHER / UNKNOWN	12		
CARGO	2 - BUS	CONTAINER CHA	ACCIC.				و والكلام و	3 9 7 3 9 7 3	
			( 10 - FLAT BED	14 - G	ARBAGE/REFUSE				
	, 1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MC	TOR TROUBLE	99 - OTHER / UNKNOWN	6		
VEHICLE								6 6	
		6 - TIRE BLOWOUT	DEFECTIVE	Α.	CIDENT		□- NO DAMAG	F(0)	
	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE	10 - D	RIVEWAY ACCESS	99 - OTHER / UNKNOWN	_		
L	MARKED CROSSWALK		SWALK 8 - SIDEWALK				∐-TOP(13)	<b>□ - ALL AREAS</b> (15)	
MOTORIST	UNMARKED CROSSWALK	OTHER LOCATION		12 - Fl	RST RESPONDER		□	UNIT NOT AT SCENE [ 16 ]	
LOCATION		_				21 - STANDING OUTSIDE	INITIA	L BOINT OF CONTACT	
		2 - BACKING	LANE	JC	GGING, PLAYING	DISABLED VEHICLE			
, 4						99 - OTHER / UNKNOWN	2		
ACTION	PRE-CRASH	5 - MAKING RIGHT T	TURN IN TRAFFIC	18 - A				RAM 99 - UNKNOWN	
	5 - BOTH STRIKING						13 - TOP	33 (1,11,1,51,1)	
				G 20 - O	THER NON-MOTORIST	•		TRAFFIC	
	DAMAGE CALLS   CONTROL   CONTROL								
							1 - ONE-WAY		
1 1	4 - RAN STOP SIGN	CHANGE	ILLEGALLY	/FA	LLING/SPILLING			/ I	
CONTRIBUTI	NG & IMPROPED TURN								
CIRCUMSTAN	CES 7 - LEFT OF CENTER						1		
SECTIONS	F OF EVENTS	<del>_</del>							
DEGOE!4C	- 305 2/3 te soutour 1036.							1	
1 20	,					SHIFTING CARGO OR		NOTORICT DIPLOTION	
	3 - IMMERSION	9 - RAN OFF ROAD LE	EFT 14 - PEDESTRIAN	TR	ANSPORT		UNIT / NO		
2	☐ 5 - CARGO / EQUIPMENT	11 - CROSS CENTERLI	INE - 16 - RAILWAY VEHICLE	VE	HICLE	VEHICLE			
					ORK ZONE		3	ZL 1	
з	_			EC	UIPMENT	g ny in wilheli elineratherath	FROM TO		
1	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EN	IBANKMENT 5	52 - BUILDING		2 77.007	
4 🗀							UNIT SPEED	DETECTED SPEED	
5 l	STRUCTURE	34 - MEDIAN GUARDI	RAIL 40 - UTILITY POLE	48 - TR	EE	OBJECT	, 15 .	1 - STATED / ESTIMATED SPEED	
	ABUTMENT	35 - MEDIAN CONCRI	ETE OR SUPPORT	50 - W	ORK ZONE	.,	13		
6	_ 29 - BRIDGE RAIL	36 - MEDIAN OTHER I	BARRIER 43 - CURB	EC	UIPMENT		POSTED SPEED	I 2 - CALCULATED / EDR	
				51 - W	ALL		٥٢	DAMAGE SCALE  ONE  3 - FUNCTIONAL DAMAGE  9 - UNKNOWN  DAMAGED AREA(S) INDICATE ALL THAT APPLY  10  10  11  12  10  11  11  12  13  3 9  6 10  10  11  11  12  10  11  11  12  13  14  15  16  17  18  19  10  10  11  11  11  12  13  14  15  16  17  18  18  19  10  10  11  11  11  12  13  14  15  16  17  18  18  19  10  10  11  11  11  12  12  13  14  15  16  17  18  18  18  19  10  10  11  11  11  12  12  13  14  15  16  17  17  18  18  18  18  18  19  10  10  11  11  11  11  12  12  13  14  15  16  17  17  18  18  18  18  18  18  18  18	
1	FIRST HARMFUL EVEN	т1	MOST HARMFUL EVENT				<u> </u>		



## LOCAL REPORT NUMBER

22-33558

_			D A M A G E										
UNIT#	OWNER NAME: LAST, FIRST,		VER)	OWNER	R PHONE:INCLUDE ARE	A CODE ( SAME AS DRIVER)	DAMAGE SCALE						
MOWNER A	MCVICKER, DESTINE  DDRESS: STREET, CITY, STATE, 7			<u> </u>			1 - NONE	PAMAGEG	3 - FUNCTIONAL DAMAGE				
É	RIENDSHIP ST., MEDII						4 2 - MINOR [	DAMAGE	4 - DISABLING DAMAGE				
	CIAL CARRIER: NAME, ADDRES			Co	MMERCIAL CARRIER PHO	ONE: INCLUDE AREA CODE	1	9 - UNKNOW	/N				
								DAMAGED AF					
LP STATE	LICENSE PLATE #	VEI	HICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	IN	DICATE ALL TH	AT APPLY				
ОН	JDQ7505	10	3CDFBB5ED918026		2014	DODGE			12				
INSURA	ANCE INSURANCE COMPA	NY	INSURANCE POLICY #		COLOR	VEHICLE MODEL							
VERIFIE			929099228		BLK	DART	10	2	10 11 1 2				
	TYPE OF USE	IN EMERGENCY	US DOT #		ED BY: COMPANY NA NSCOUNTY TO		10 2	٦,					
СОММ		RESPONSE	VEHICLE WEIGHT GVWR/GCW	, —	HAZARDOUS								
INTERL		# OCCUPANTS \	1 - ≤10K LBS.	I⊟∾	iaterial clas: Eleased	S# PLACARD ID#	8 7 5	/4	7 7 5 4				
EQUIPP			2 - 10.001 - 26K LBS. 3 - > 26K LBS.	PLACARD			7 5 5	12	7				
L 1 UNIT TYP	2 - PASSENGER VAN 7 - M (MINIVAN) 8 - M E 3 - SPORT UTILITY 9 - AL VEHICLE 10 - N 4 - PICK UP B	AN (9-15 SEATS) OTORCYCLE 2-WHEELEG OTORCYCLE 3-WHEELEG JOOPED OR MOTORIZED ICYCLE LLL TERRAIN VEHICLE //UTV)	D 13 - SNOWMOBILE 19 - E D 14 - SINGLE UNIT 20 - C TRUCK 21 - SSMI-TRACTOR 21 - S 15 - SEMI-TRACTOR 22 - A	BUS (16+ P OTHER VEH HEAVY EQU ANIMAL W	ASSENGERS) 24 - V HICLE 25 - G JIPMENT 26 - B ITH RIDER OR 27 - 1	PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE) DTHER NON-MOTORIST SICYCLE TRAIN JNKNOWN OR HIT/SKIP	9 6	11 12 11 10 10 10 10 10 10 10 10 10 10 10 10	5 12				
<u> </u>	WAS VEHICLE OPERATING IN A	UTONOMOUS	0 - NO AUTOMATION 3	- CONDITI	ONAL AUTOMATION	d - HNKNOWN	1 2	6	1 2				
Α 2	MODE WHEN CRASH OCCURRE		l .		ITOMATION	9-0/INIOVIII	10/11/201	\ <sup>2</sup>	10 11 2				
<u> 2</u>	1-YES 2-NO 9-OTHER/L		DMOUS 2 - PARTIAL AUTOMATION 5				10 2	7,	10 2				
		MODEL		45 81			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<b>-</b> J*					
-1	1 - NONE 2 - TAXI	6 - BUS - CHARTER/ 7 - BUS - INTERCITY	TOUR 11 - FIRE 12 - MILITARY	16 - FA 17 - M	OWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	B 7 6	/4	B 7 5 4				
	3 - ELECTRONIC RIDE	8 - BUS - SHUTTLE	13 - POLICE		NOW REMOVAL		7 5		7 5				
SPECIAL FUNCTION	SHARING 4 - SCHOOL TRANSPORT	9 - BUS - OTHER 10 - AMBULANCE	14 - PUBLIC UTILITY  15 - CONSTRUCTION EQUIP	19 - TC	OWING AFETY SERVICE		6		6				
	5 - BUS - TRANSIT/COMMUTER				TROL		]	12	12 12				
. 1 .	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - Dl	AW1	99 - OTHER / UNKNOWN	12	. ▲					
CARGO	/ NOT APPLICABLE 2 - BUS	5 - INTERMODAL CONTAINER CHAS	8 - POLE SSIS 9 - CARGO TANK		ONCRETE MIXER JTO TRANSPORTER			J					
BODY	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	10 - ELAT BED		ARBAGE/REFUSE			° • 1 3	9 25 3				
TYPE					TOO TOO IO		6	Ţ	9				
L	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT		TOR TROUBLE SABLED FROM PRIOR	99 - OTHER / UNKNOWN		6	6 6				
VEHICLE DEFECTS		6 - TIRE BLOWOUT	DEFECTIVE	, AC	CIDENT			,	_				
PETECTS							12   12   13   14   15   15   15   16   17   17   18   18   18   18   18   18						
ı	1 - INTERSECTION -   MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSS	7 - SHOULDER/ROADSIDE WALK 8 - SIDEWALK		RIVEWAY ACCESS  IARED USE PATHS	99 - OTHER / UNKNOWN	☐- <b>TOP</b> [13]	[	I- ALL AREAS [ 15 ]				
NON- MOTORIST	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATIO	a Medianicooccinic		rtrails RST responder		<u> </u>	L LINIT NOT A	T SCENE [ 16 ]				
LOCATION	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	ISLAND		INCIDENT SCENE			- ONIII NOI A	1 Secretary				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD 2 - BACKING	9 - LEAVING TRAFFIC LANE		ALKING, RUNNING, GGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	INIT	IAL POINT OF (	CONTACT				
2	2 - NON-COLLISION	3 - CHANGING LANE				99 - OTHER / UNKNOWN	4.5						
3	3 - STRIKING PRE-CRASH	4 - OVERTAKING/PAS			ISHING VEHICLE PROACHING OR				5 - VEHICLE NOT AT SCENE				
ACTION		6 - MAKING LEFT TUP	RN 12 - DRIVERLESS	LEA	AVING VEHICLE			9	9 - UNKNOWN				
	& STRUCK	7 - MAKING U-TURN 8 - ENTERING TRAFF			ANDING HER NON-MOTORIST		13-10						
	9 - OTHER / UNKNOWN	LANE	SPECIFIED LOCATION					TRAFFI	c				
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TOO /ACDA	CLOSE 13 - IMPROPER START FROM A PARKED POSITION		erating defective Jipment	23 - OPENING DOOR INTO ROADWAY							
_	3 - RAN RED LIGHT	9 - IMPROPER LANE	14 - STOPPED OR PARKED ILLEGALLY	19 - LO		99 - OTHER IMPROPER ACTION	2 - TWO-WAY	2					
<u>∟</u> 3	4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PASSI			PROPER CROSSING	ACTION	_2						
CONTRIBUTION CIRCUMSTAN	NG 6 - IMPROPER TURN ICES 7 - LEFT OF CENTER	11 - DROVE OFF ROA 12 - IMPROPER BACK			ng in Roadway T discernible		# or THROUGH LANES	DAI	L CDADE CROSSING				
2	7 - LEFT OF CENTER	12 - IMPROPER BACK	ING 17 - VISION OBSTRUCTION	22 - 140	1 DISCERNIBLE								
SEQUENCI	E OF EVENTS					PARAMETER CONTRACTOR AND	. 2 .	2 - 11	√VOLVED-ACTIVE CROSSING				
1 20	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF U	EVENTS NITS 12 - DOWNHILL RUNAWAY			B - STRUCK BY FALLING,	[ <u></u> ]	L	NOLVED-PASSIVE CROSSING				
1	2 - FIRE/EXPLOSION 3 - IMMERSION	8 - RAN OFF ROAD RIG 9 - RAN OFF ROAD LEF			OTOR VEHICLE IN	SHIFTING CARGO OR ANYTHING SET IN	UNIT / I	NON-MOTORIS	T DIRECTION				
ادا	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PAI	RKED MOTOR	MOTION BY A MOTOR VEHICLE							
	J − CARGO / EQUIPMENT     LOSS OR SHIFT	11 - CROSS CENTERLIN OPPOSITE DIRECTI		22 - WC	ORK ZONE	- OTHER MOVABLE OBJECT	_	2 EA					
3 l	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER		INTENANCE JIPMENT	- 2744	FROM 1 TO	2 3-EA					
			LLISION WITH FIXED OBJECT -	STRUCK	Astrobagas Kasarahas	SANGBURBANG BERGI			9 - OTHER / UNKNOWN				
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIE		46 - FEN	NCE 53	2 - BUILDING 3 - TUNNEL	UNIT SPEED		DETECTED SPEED				
I .	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BA		47 - MA 48 - TRE		I - OTHER FIXED OBJECT	21 ERF						
5 [	27 - BRIDGE PIER OR	BARRIER	41 - OTHER POST, POLE	49 - FIR		- OTHER / UNKNOWN	45		1 - STATED / ESTIMATED SPEED				
اءا	ABUTMENT 28 - BRIDGE PARAPET	35 - MEDIAN CONCRET BARRIER	42 - CULVERT	MA	INTENANCE JIPMENT			<b></b>  ₁ 1	2 - CALCULATED / EDR				
ь L	_i 29 - BRIÐGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BA 37 - TRAFFIC SIGN POS		51 - WA			POSTED SPEED		_				
1	FIRST HARMFUL EVEN	r , 1 , N	OST HARMFUL EVENT				45		3 - UNDETERMINED				

Ũ	OHIO DEP OF PUBLI	PARTMENT C SAPETY EL PARTETING	<b>/</b> lo	TORIST / N	ON	1-1	Мo	тоі	RIST	Г							LOCAL RI	EPORT		BER		
	UNIT #	NAME: LA	AST, FI	RST, MIDDLE										┢		DATE	OF BIRTH			1	AGE	GENDER
	1	ZIMMEI	RMA	N, LEISHA, N										06/30/1990 31						F		
IST	ADDRESS:	STREET, CIT	Y, STA	TE, ZIP										CONTACT PHONE - INCLUDE AREA CODE								
οίο		,	_	DINA, OH, 44256								_										
N-NC		INJURED TAKEN	EMS	AGENCY (NAME)		- [	INJURED	TAKEN TO:	MEDICAL	FACILITY (NAME,	CIY)		AFETY EQUIPMENT ISED		Т-Сомр		SEATING POSITION	AIR	R BAG USAGE EJECTION TRAPPED			TRAPPED
Ĭ.	5	BY _1,									Local	1	4		HELMI	"	1	$\perp$	3		1	1
OTORIST / NON-MOTORIST		OPERATO	R LICE	NSE NUMBER		- [	OFFEN	SE CHAR	GED		LOCAL		OFFENSE DESCRI	PTION						N NU	MBER	
ΘÞ	OH OL CLASS	ENDORSEN	<b>AFNT</b>	RESTRICTION SELECT UP TO 3		DRIVE		ALCO	HOI / F	ORUG SUSPI	<u>  Ц</u>	+	CONDITION	ALCOHOL TEST					DRUG TEST(S)			
	OL CLASS	i i i i i i i i i i i i i i i i i i i		RESTRICTION SELECT UP TO 3		DISTR	EK RACTED			MARUI			COMPTHON	STATUS	ТУРЕ	_	VALUE	STATU				SELECT UP TO 4
5	4					BY <sub>1</sub>		ОТН	ER DRUG				. 1	1	1			1		1		
	UNIT #		-	RST, MIDDLE												DATE	OF BIRTH			1 '	AGE	GENDER
	2	<u> </u>		DESTINEY, FAITH										<u> </u>			2/1997				25	F
ORIS		STREET, CIT		. MEDINA, OH, 44256										CONT	ACT PH	ONE -	NCLUDE A	AREA CO	DE			
NON-MOTOR	INJURIES		_	AGENCY (NAME)		F	NJURED	TAKEN TO:	MEDICAL F	FACILITY (NAME,	CITY)		AFETY EQUIPMENT	-	<b>-</b> -	Ŧ	SEATING	AIR	BAG U	SAGE	EJECTION	TRAPPED
NON	3	TAKEN BY 19 1	MED	DINA LST			MEDII	NA HO	SPITAL	-		ľ	SED 4		T-COMPL HELME		POSITION 1	İ	2		1	1 1
	OL STATE		LICE	NSE NUMBER		7	OFFENS	SE CHAR	GED		LOCAL		OFFENSE DESCRI	PTION				СП	ATIO	N NUN	//BER	<u> </u>
<b>JOTORIST</b>	ОН					,	4511.	12			CODE		OBEYING TRA	FFIC C	ONTR	OL DI	EVICES	Y4	Y42661			
2	OL CLASS	ENDORSEM	IENT	RESTRICTION SELECT UP TO 3		DRIVE				RUG SUSPE	CTED	Ť	CONDITION	Α	LCOH	OL TE	ST		DRUG TEST(S)			
B	4		- 1		ļ	DISTR BY 1	ACTED	l=	DHOL ER DRUG	MARUL	IANA	l	1	status 1	TYPE 1	'	VALUE	STATUS 1	· Γ	/PE   1	RESULTS S	ELECT UP TO 4
7	UNIT #	NAME: LA	ST, FIR	ST, MIDDLE				Поти	EK DRUG					'	<u></u>	DATE	OF BIRTH	,		<del></del>	AGE	GENDER
ı														İ						1		
S	ADDRESS:	STREET, CITY	, STA	re, zip										CONTACT PHONE - INCLUDE AREA CODE								
Ö O																			_			
M-No		TAKEN	EMS	AGENCY (NAME)		II	NJURED 1	TAKEN TO: I	MEDICAL F	ACILITY (NAME, C	CITY)		AFETY EQUIPMENT SED	DOT-COMPLIANT POSITION AIR BAG USAGE EJECTION TRA						TRAPPED		
N/I		OPERATOR	LICEN	ISE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DESCRIP											ATION	ATION NUMBER				
IORIS	OL STATE			TO THOMBER		CODE						CHANGE NO.										
<u>№</u>	OL CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3		DRIVE	IVER ALCOHOL / DRUG SUSPECTED					t	CONDITION	ALCOHOL TEST					DRUG TEST(S)			
ı			İ			DISTR/ By	TRACTED ALCOHOL MARUUANA OTHER DRUG					l		STATUS TYPE			VALUE STATUS		īΥ	TYPE RESULTS SELECT I		ELECT UP TO 4
ł	IMI	IRIES		SEATING POSITION		ΔΙ	R BAG		ER DRUG	OL CLAS	:c	h	OL RESTRICT	IONI/S	lpe	·  VED	DISTRA	CTION	<u> </u>	TEG	T STA	THE
1+	FATAL			= FRONT = LEFT SIDE		T DEPL			1 - CL		o <del>de</del> com Opilica	i	- ALCOHOL INTERL		1-1	OT DIS	TRACTED		1=1	NONE	GIVEN	Managara (Samuel and Samuel and S
	SUSPECTED : NJURY	SERIOUS		(MOTORCYCLE DRIVER) = FRONT = MIDDLE	3 - DE	PLOYED			2 - CL				DEVICE - CDL INTRASTATE		EL	ECTRO	LLY OPERAT NIC NICATION D		3-	TEST G		
	Suspected i Njury	MINOR		- FRONT - RIGHT SIDE - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		ONT/SIC	DE		.   3 - CL : 4 - RE	ASS C GULAR CLAS		4	- CORRECTIVE LEN! - FARM WAIVER - EXCEPT CLASS A I		1.0		, TYPING,	JEVICE	45-44	LUNIA 'UNUS TEST G	ABLE	SAMPLE
	POSSIBLE INJ NO APPAREN			- SECOND - MIDDLE - SECOND - RIGHT SIDE				KNOWN	, (O	HIO = D) C MOPED O			- EXCEPT CLASS A & CLASS B BUS		3-T	alking Ommu	ON HAND! NICATION E	DEVICE			s knowi	<b>S</b>
Ų.				- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		*Maria and a si	CTIO	V	2 SEPTEMBER 1	VALID OL		7 8	- EXCEPT TRACTOR - INTERMEDIATE LI		i c	OMMU	ON HAND NICATION D CTIVITY WI	DEVICE			S UNKNO	WN
ωť.	NOT TRANS	TAKEN BY SPORTED		- THIRD - MIDDLE - THIRD - RIGHT SIDE		RTIALLY	/ EJECTEI	D	OL E	ENDORSE	MENT	9	RESTRICTIONS - LEARNER'S PERMI RESTRICTIONS	T	El El		NIC DEVICE			COH NONE	OL TES	TTYPE
2	/TREATED A	IT-SCENE	10	D - SLEEPER SECTION OF TRUCK CAB	3 - 101 4 - NO		JECTED ICABLE		it min .	AZMAT		10	O-LIMITED TO DAY	UGHT			ISTRACTION HE VEHICLE			SLOOD Drine		
EE;	POLICE		1	- Passenger in - Other Enclosed Cargo -			APPE		<ul> <li>Contract</li> </ul>	OTORCYCLE SSENGER		12	I - LIMITED TO EMP 2 - LIMITED + OTHER	<b>I</b>	0	UTSIDE	ISTRACTION THE VEHIC	ÚE :		BREATH OTHER		
ej-t.	OTHER/UN			AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 2— PASSENGER IN	1 - NO 2 - EXT	RICATE			N - TA		-	13	S - MECHANICAL DE SPECIAL BRAKES	, HAND	9 - 0	1 11 11	NDITION			ORUC NONE	<b>HI</b>	TYPE
100	AFETY EC	UIPMEN		UNENCLOSED CARGO AREA	3 - FRE	ED BY		L MEANS		otor scoo Ree-Wheel	iek Filologi	1,	CONTROLS, OR C ADAPTIVE DEVIC I – MILITARY VEHICI	ES)			ITLY NORM. L IMPAIRME		2 - B	LOOD JRINE		
2 -	SHOULDER B JSED			I - RIDING ON VEHICLE EXTERIOR	1,000 0000 1			Tog Zema nag	HITTONIAN THE STILL	OTORCYCLE HOOL BUS			MOTOR VEHICLE WITHOUT AIR BR	Semple	3 - El	MOTION	VAL (E.G., D, ANGRY,		4-0	OTHER		
	LAP BELT ON SHOULDER 8			(NON-TRAILING UNIT)  - NON-MOTORIST					The Bright of the States	OUBLE & TRIE	PLE	.17	- OUTSIDE MIRRO - PROSTHETIC AID			STURBER LNESS	<b>)</b>		100	tikle peter	FAMINES	SULT(S)
5 - 0		AINT SYSTEM	A	OTHER / UNKNOWN					dağınlırı i yallışı fallak i i	NKER / HAZI	MAT		FOTHER .		] [	ATIGUEE					JRATES DIAZEPINE	\$ 1100000000000000000000000000000000000
- D.		AINT SYSTEM			1825 Juliú 2					GENDE	} }	İ	2 - 1 - 1 - 10 - 10 - 10 - 10 - 10 - 10		M	EDICAT	HE INFLUEN IONS / DRU		_ 5.≖C	OCAIN		
1.000	REAR FACIN	Medical de la composição				unculti U delinit			F-FEN	NA COLORADO DE COLORADO DE COLORADO DE COLORADO DE COLORADO DE COLORADO DE COLORADO DE COLORADO DE COLORADO DE	corporation (1) Programme					COHOI	UNKNOWN		7-0	THER	OPIOIE	
9 - 1	HELMET USEI PROTECTIVE (ELBOWS, KN	PADS USED								HER / UNKN	IOWN								8 = N	IEGATÍ	VE RESUL	
10 -	REFLECTIVE															wes kije	e e e e e e e e e e e e e e e e e e e		NE			
	/ BICYCLE O	NLY										3 H										

OND DEPARTMENT OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 22–33558						
UNIT #	NAME: LA	ST, FIRST, MIDDLE		18-			D.	DATE OF BIRTH AGE						
1														
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AF	EA CODE					
<u> </u>		1		Interest to the second		I			T					
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	Y (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT		AIR BAG USAG	ELECTIO	N TRAPPEC			
5		ST. FIRST. MIDDLE				4	ļ	3	3	1	1			
UNIT #	NAME: LA	ST, FIRST, MIDDLE					D/	ATE OF BIRTH	1	AGE	GENDER			
ADDRESS:	STREET, CITY	, STATE, ZIP	·	<u>.</u>			CONTACT PHON	E - INCLUDE AR	EA CODE		<u>!</u>			
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	Y (NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	E EJECTIOI	N TRAPPED			
	TAKEN BY						MC HELMET	POSITION						
UNIT #	NAME: LA	ST, FIRST, MIDDLE				·	DA	TE OF BIRTH	•	AGE	GENDER			
ADDRESS:	STREET, CITY	, STATE, ZIP				<del></del> -	CONTACT PHON	E - INCLUDE AR	FA CODE	···				
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME.CITY)	SAFETY EQUIPMENT		T AIR BAG USAG	SAGE EJECTION TR					
	TAKEN BY		_		DOT-COMPLIANT MC HELMET	SEATING POSITION								
UNIT #	NAME: LAS	ST, FIRST, MIDDLE			DA	DATE OF BIRTH								
ADDRESS: S	STREET, CITY	, STATE, ZIP					CONTACT PHON	- INCLUDE ARI	A 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			
	вү Ц						MC HELMET							
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - NO APPARENT INJURY 5 - CHILD INJURED TAKEN BY 1 - NOT TRANSPORTED / 6 - CHILD TREATED AT SCENE REAR F 2 - EMS 7 - BOOST 3 - POLICE 8 - HELME 9 - OTHER / UNKNOWN 9 - PROTEC (ELBOW  GENDER 10 - REFLE F - FEMALE 11 - LIGHT M - MALE			VEHICLI 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	E OCCUPANT DER BELT ONLY USED T ONLY USED DER & LAP BELT USED ESTRAINT SYSTEM - RD FACING ESTRAINT SYSTEM - ACING R SEAT	(MOT 2 = FRON 3 = FRON 4 = SECO (MOT 5 = SECO 7 = THIRE (MOT 8 = THIRE 10 = SLEE 11 = PASS CARC SUC 12 = PASS CARC 13 = TRAI 14 = RIDII (NON 15 = NON	IT - LEFT SIDE ORCYCLE DRIVE IT - MIDDLE IT - MIDDLE IT - RIGHT SIDE ND - LEFT SIDE ORCYCLE PASSE ND - MIDDLE ND - LEFT SIDE ORCYCLE SIDE CO O	NGER)  AR)  TRUCK CAB  RENCLOSED  AILING UNIT  WITH CAP)  NCLOSED	EJECTIC  JECTED  ALLY EJECTED  LLY EJECTED  IPPLICABLE  TRAPPED  RAPPED  CATED BY	ED FRONT ED SIDE ED BOTH SIDE PLICABLE MENT UNKNOWN  EJECTION  CTED LY EJECTED PLICABLE TRAPPED  TRAPPED  TED BY ICAL MEANS					
NAME: LAST	, FIRST, MID	DLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS: S	TREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA	CODE					
NAME: LAST	, FIRST, MID	DLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS: S	TREET, CITY,	STATE, ZIP				j	CONTACT PHONE	- INCLUDE AREA	CODE					
NAME: LAST	, FIRST, MID	DLE					DA1	E OF BIRTH		AGE	GENDER			
ADDRESS: S	TREET, CITY,	STATE, ZIP	<del></del>				CONTACT PHONE	- INCLUDE AREA	CODE					