| OF DUBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT |  |                           |   |                              |                                |                               |  | LOCAL REPORT NUMBER *                             |   |  |  |  |
|---|--|---------------------------|---|------------------------------|--------------------------------|-------------------------------|--|---|---|--|--|--|
| PHOTOS TAKEN OH -2 X OH -3 LOCAL INFORMATION WOOSTER PK/WE                          |  |                           |   |                              |                                |                               | 22-6371  |   |   |  |  |  |
| SECONDARY   | Пон-1Р Б                                 | OTHER REP                 | ORTING AGENCY NAME *                                    |                              |                                | NCIC *                        | HIT/SKIP<br>1 - SOLVED                             | NUMBER OF U                                       | _ 98 - ANIMAI                                       |  |  |  |
| I   | PRIVATE PRO                              | OPERTY MO                 | ntville Police Department                               |                              | L                              | 05213                         | 2 - UNSOLVED                                       | 2   |   |  |  |  |
| COUNTY* LOCA  | LITY* LO                                 | CATION: CITY. VI          | LLAGE, TOWNSHIP*  |                              |                                |                               | CRASH DATE   | /TIME*  | CRASH SEVERITY                                      |  |  |  |
| 52   3  | 0 1011100                                | ontville (Tow             | nship of)   |                              |                                |                               | 02/05/2022   | 02/05/2022 19:28 3 1 - FATAL<br>2 - SERIOUS INJUI |   |  |  |  |
| FROUTE TYPE RO  | UTE NUMBER PREFIX                        |                           | CATION ROAD NAME  | _                            |                                | ROAD TYPE                     | LATITUDE DI  | CIMAL DEGREES                                     | SUSPECTED   |  |  |  |
| 2 - SOUTH<br>3 - EAST<br>4 - WEST   |  |                           |   |                              |                                |                               | 41.097   | 201   | 3 - MINOR INJURY<br>SUSPECTED                       |  |  |  |
| FOUTE TYPE RO   |  | 4 - WEST<br>1 - NORTH REF | FERENCE ROAD NAME (ROAD,                                | MILEPOST HO                  | 11SF #\                        | ROAD TYPE                     | LONGITUDE  | CIMAL DECREES                                     | 4 - INJURY POSSIBLE                                 |  |  |  |
| Ę   | 1  | 2 - SOUTH                 | ERENCE ROAD NAME (ROAD,                                 | , MILLEPOST, TIC             | ,03L #,                        | NOAD IIIL                     |  | 5 - PROPERTY DA                                   |   |  |  |  |
| ≣ SR  | 102                                      | B - EAST<br>4 - WEST      |   |                              |                                |                               | -81.864  |   | ONLY<br>-   |  |  |  |
| REFERENCE POI   | FROM REFEREN                             | ČE                        | ROUTE TYPE  | 0.000                        | ROAD TYP                       |                               | 1_   | INTERSECTIO                                       |   |  |  |  |
| 1 - INTERSECT   | 1 - NO                                   | JTH                       | AV  | l - Alley<br>V - Avenue      | HW - HIGHV<br>LA - LANE        | VAY RD - ROAD<br>SQ - SQUARE  | MITHIN INTE  | RSECTION OR O                                     | N APPROACH  |  |  |  |
| 3 - HOUSE #   | 3 - EAS<br>4 - WE                        | ST OS-FEL                 |   | L - BOULEVARD                | MP - MILEPO                    |                               | WITHIN INTE  | RCHANGE AREA                                      | NUMBER OF APPROACHES                                |  |  |  |
| DISTANCE<br>FROM REFERENCE  | DISTANCE                                 | SR = S1 <i>F</i>          | l c   | R - CIRCLE<br>T - COURT      | OV - OVAL<br>PK - PARKWA       | TE - TERRACE<br>AY TL - TRAIL |  | ROAD  | WAY   |  |  |  |
| FROM REFERENCE  | 1 - MI                                   | LES                       | MBERED COUNTY ROUTE DI                                  | R - DRIVE                    | PI - PIKE                      | WA - WAY                      |  |   | ••••  |  |  |  |
| 800.00  | 2 - FEE                                  |                           | MBERED TOWNSHIP HI<br>UTE                               | E - HEIGHTS                  | PL - PLACE                     |                               | ROADWAY  | IVIDED  |   |  |  |  |
|   | CATION OF FIRST HARM                     | MFUL EVENT                | MA  | NNER OF CRAS                 | H COLLISION                    | /IMPACT                       | DIRECTION OF TRAN                                  | /EL   | MEDIAN TYPE   |  |  |  |
| 1-ON R  |  | ROSSOVER<br>DRIVEWAY/ALLE | 1 7   | T COLLISION 4                |                                | EAR                           | 1 - NORTH  |   | DIVIDED FLUSH MEDIAN                                |  |  |  |
| 3 - IN ME   |  | RAILWAY GRAD              | E CROSSING TW   | O MOTOR _                    | - BACKING<br>- ANGLE           |                               | 2 - SOUTH  | 1 1   | <4 FEET ) DIVIDED FLUSH MEDIAN                      |  |  |  |
| 4 - ON R<br>5 - ON G  |  | SHARED USE PA<br>TRAILS   |   |                              |                                |                               | 4 - WEST   | (   | ( ≥4 FEET )   |  |  |  |
|   | DE TRAFFIC WAY 13 - 1                    |                           | 2 - REA   | AR-END 8                     | - SIDESWIPE,                   | OPPOSITE DIRECTION            |  | 1   | DIVIDED, DEPRESSED MEDIAN<br>DIVIDED, RAISED MEDIAN |  |  |  |
| 7 - ON R  |  | TOLL BOOTH                |   | AD-ON 9                      | - OTHER / UN                   | IKNOWN                        |  |   | ANY TYPE)   |  |  |  |
| 8 - OFF R   | AMP 99 - 0                               | OTHER / UNKNO             | JWN   |                              |                                |                               |  |   | OTHER / UNKNOWN                                     |  |  |  |
| WORK ZONE R   | ELATED                                   |                           | VORK ZONE TYPE  |                              |                                | IN WORK ZONE                  | CONTOUR  | CONDITI   |   |  |  |  |
| WORKERS PRES  | SENT                                     |                           | NE CLOSURE<br>NE SHIFT/ CROSSOVER                       |                              | BEFORE THE -<br>WARNING SI     | 1ST WORK ZONE<br>GN           |  | <u> </u>  | ] [2]   |  |  |  |
| LAW ENFORCE   | MENT PRESENT                             |                           | ORK ON SHOULDER   | 1                            |                                | ARNING AREA                   | 1 - STRAIGHT<br>LEVEL                              | 1 - DRY<br>2 - WET                                | 1 - CONCRETE<br>2 - BLACKTOP,                       |  |  |  |
|   |  | ☐ OR                      | MEDIAN  | 1 4.                         | - TRANSITION<br>- ACTIVITY ARI |                               | 2 - STRAIGHT 3 - SNOW BITUMINO                     |   |   |  |  |  |
| ACTIVE SCHOO  | L ZONE                                   |                           | ERMITTENT OR MOVING WORK                                | K I                          | - TERMINATIO                   |                               | GRADE  | 4 - ICE   | ASPHALT 3 - BRICK/BLOCK                             |  |  |  |
|   |  | 5 - OT                    | HEK   | <u> </u>                     |                                | ·                             | 3 - CURVE LEVEL<br>4 - CURVE GRADE                 | 5 - SAND, MUI<br>OIL, GRAVE                       | , onti,   |  |  |  |
| L<br>1 - DAYLI  | IGHT CONDITION<br>GHT                    |                           | 1 - CLEAR   | WEATHER<br>6 - SNOW          |                                |                               | 9 - OTHER  | 6 - WATER (ST.                                    | ANDING, STONE<br>5 - DIRT                           |  |  |  |
| 14 1 2 - DAWN   | I/DUSK                                   |                           | 1 2 - CLOUDY  | 7 - SEVERE C                 | ROSSWINDS                      |                               | 7 - SLUSH 9 - OTHER<br>9 - OTHER / UNKNOWN / UNKNO |   |   |  |  |  |
| 3 - DARK  | - LIGHTED ROADWAY<br>- ROADWAY NOT LIGHT | ren.                      | 3 - FOG, SMOG, SMOK                                     |                              |                                |                               |  |   |   |  |  |  |
|   | - UNKNOWN ROADWA                         |                           | 4 - RAIN<br>5 - SLEET, HAIL                             | 9 - FREEZING<br>99 - OTHER / |                                | ezing drizzle                 |  |   |   |  |  |  |
| 9 - OTHE  | R / UNKNOWN                              | į.                        |   |                              |                                |                               |  |   |   |  |  |  |
| NARRATIVE   |  |                           |   |                              |                                |                               | <u> </u>   |   |   |  |  |  |
|   | •  |                           | f the Wooster Pike, facing                              |                              | 1                              |                               |  |   | <b>全</b>  |  |  |  |
|   |  |                           | g north on Wooster Pike,<br>of Unit 1. The driver of Ur |                              |                                |                               |  |   | Z= ]  |  |  |  |
|   |  |                           | . The driver of Unit 1 was                              |                              |                                | L                             | Jnit 2   | Not   | To Scale  |  |  |  |
|   |  |                           | driver of Unit 2 was cited.                             | -                            |                                |                               |  |   |   |  |  |  |
| ļ   |  |                           |   |                              |                                |                               |  |   |   |  |  |  |
|   |  |                           |   |                              |                                | <u>(ke</u>                    |  | •   |   |  |  |  |
|   |  |                           |   |                              |                                | ster                          |  | Unit 1  |   |  |  |  |
|   |  |                           |   |                              |                                | Woo                           |  | l   |   |  |  |  |
|   |  |                           |   |                              |                                | S.R. 3 (Wooster Pike)         | nit 2  |   |   |  |  |  |
|   |  |                           |   |                              |                                | S.                            |  |   |   |  |  |  |
|   |  |                           |   |                              |                                |                               |  |   |   |  |  |  |
|   |  |                           |   |                              |                                |                               |  |   |   |  |  |  |
|   |  |                           |   |                              |                                |                               | ] [  |   |   |  |  |  |
|   |  |                           |   |                              |                                |                               |  |   |   |  |  |  |
|   |  |                           |   |                              |                                |                               |  |   |   |  |  |  |
| CDACH DEDCE   | TED DATE / TIME                          | DIS.                      | DATCH DATE / TIME                                       | 457                          | RIVAL DATE /                   | TIME I                        | CCENIC CI PADES                                    | NATE / TIPE                                       | REPORT TAKEN BY                                     |  |  |  |
|   | TED DATE / TIME                          |                           | PATCH DATE / TIME                                       |                              |                                |                               | SCENE CLEARED I                                    |   | POLICE AGENCY                                       |  |  |  |
| 02/05/2   | 2022 19:29                               | 02                        | 2/05/2022 19:32   | 02,                          | /05/2022 1                     |                               | 02/05/202  | 2 20:34<br>                                       | — MOTORIST  |  |  |  |
| TOTAL TIME  | OTHER INVESTIGATION TIME                 | TOTAL                     | OFFICER'S NAME*   |                              |                                | CHECKED BY OFFICE             | ///  | _ <del></del>                                     |   |  |  |  |
| MONDWAY CLOSED  | INVESTIGATION TIME                       | MINUTES                   | Harrison, Brett   |                              |                                | LaFond, Christo               | <del>`//</del>                                     |   | SUPPLEMENT (CORRECTION OR ADDITION                  |  |  |  |
|   |  | 62                        |   | DGE NUMBER*                  |                                | CHECKED B                     | Y OFFICER S BADGE N                                | IUMBER*   | TO AN EXISTING REPORT SENT TO ODPS)                 |  |  |  |
|   | 1606                                     |                           |   |                              |                                |                               | 1602 OOPS)   |   |   |  |  |  |



## LOCAL REPORT NUMBER

22-6371

55

| UNIT#                         | OWNER NAME: LAST, FIRST, I                         | WIDDLE (   SAME AS DRIVE                      |   | OWNER                | R PHONE:INCLUDE ARE                   | EA CODE ( SAME AS DRIVER)                    |                                | DAMAGE   |                  |
|-------------------------------|--|---|---|----------------------|---------------------------------------|--|--------------------------------|--|------------------|
|                               | PIPOLY, KIMBERLY, R                                |   |   |                      |                                       |  |                                | DAMAGE SCALE                                       |                  |
|                               | DDRESS: STREET, CITY, STATE, Z                     |   |   |                      |                                       |  | 1 - NONE<br>  4   2 - MINOR D  | 3 - FUNCTIONAL                                     |                  |
|                               | DODGLEN CIRCLE, MI                                 |   | 56  |                      |                                       |  | 4_12-MINORD                    | AMAGE 4 - DISABLING DA<br>9 - UNKNOWN              | AMAGE            |
| COMMERC                       | IAL CARRIER: NAME, ADDRES                          | S, CITY, STATE, ZIP                           |   | Co                   | MMERCIAL CARRIER PH                   | ONE: INCLUDE AREA CODE                       | . <del></del>                  | DAMAGED AREA(S)                                    |                  |
| I D STATE                     | LICENSE PLATE #                                    | VEU   | ICLE IDENTIFICATION #                               |                      | VEHICLE YEAR                          | VEHICLE MAKE                                 |                                | ICATE ALL THAT APPLY                               |                  |
|                               | HNM7302  |   | 4NJDDB2JT320544                                     |                      | 2018                                  | JEEP   | 12                             | 1  | 2                |
|                               |  |   | INSURANCE POLICY #                                  |                      | COLOR                                 | VEHICLE MODEL                                | 11 12                          | 11   | 2                |
| X VERIFIED                    | GEICO  |   | 4290271834  | 1                    | BGE                                   | COMPASS                                      | 10 11 1                        | 2 10 11  | 1 2              |
| <u> </u>                      | TYPE of USE  | IN EMERGENCY                                  | US DOT #  |                      | <b>ED BY:</b> COMPANY N.<br>RLD TRUCK | AME  | 9 9 3                          | 3 9 9  | 3 3              |
| COMMER                        |  | # OCCUPANTS                                   | EHICLE WEIGHT GVWR/GCW                              | ,                    | HAZARDOUS                             |  | -                              |  | <b>)</b> -/      |
| DEVICE                        | HIT/SKIP UNIT                                      | # OCCUPANTS                                   | 1 - ≤10K LBS.<br>1 2 - 10.001 - 26K LBS.            | <del> </del>         | ELEASED                               | S # PLACARD ID #                             | 8 7 5                          | 4 8 7 7  | 4                |
| EQUIPPE                       | :D<br>   |   | 3 - > 26K LBS.                                      | <u> </u>             | LACARD L                              |  | 7 6 5                          | 12 7 6   | 5                |
| _                             |  | n (9-15 Seats)<br>Dtorcycle 2-wheeled         |   | -                    | •                                     | PEDESTRIAN/SKATER<br>WHEELCHAIR (ANY TYPE)   | 10 /                           | 12 1 2   |                  |
| 3                             |  | OTORCYCLE 3-WHEELED<br>TOCYCLE                | TRUCK   | OTHER VEH            |                                       | OTHER NON-MOTORIST                           | <u> </u>                       | 10 2   |                  |
| UNIT TYPE                     | 10 - N   | IOPED OR MOTORIZED                            | 15 - SEMI-TRACTOR                                   | HEAVY EQU<br>NIMAL W |                                       | BICYCLE<br>TRAIN                             | 9 .                            | $\frac{9}{3}$ $\frac{3}{4}$ $\frac{3}{4}$          |                  |
|                               | 1 716.00   | CYCLE<br>LL TERRAIN VEHICLE                   |   |                      |                                       | UNKNOWN OR HIT/SKIP                          | B .                            | 7 5 74   |                  |
| , O ,                         | (ATV/  |   |   |                      |                                       |  | 12                             | 7 5 1  | 2                |
|                               | WAS VEHICLE OPERATING IN AL                        | TONOMOUS                                      | 0 - NO AUTOMATION 3                                 | - CONDIT             | ONAL AUTOMATION                       | 9 - LINKNOWN                                 | 11 12                          | 6 11   | · 1              |
| >                             | MODE WHEN CRASH OCCURRE                            | 0 1   |   |                      | TOMATION                              | J SHAREIN                                    | 10 11                          | 2 10   | 2                |
| 2                             | 1 - YES 2 - NO 9 - OTHER / U                       |   | MOUS 2 - PARTIAL AUTOMATION 5                       | - FULL AU            | TOMATION                              |  | 9 9 3                          | 3 9 9  | $\frac{  ^2}{3}$ |
|                               | 1 - NONE   | 6 - BUS - CHARTER/T                           | -   | 16 - FA              | ARM                                   | 21 - MAIL CARRIER                            | 8 4 -                          |  |                  |
| 1 1                           | 2 - TAXI   | 7 - BUS - INTERCITY                           | 12 - MILITARY                                       |                      | OWING                                 | 99 - OTHER / UNKNOWN                         | 8 7 6 5                        | 4 B \ / E  | 11/              |
| SPECIAL                       | 3 - ELECTRONIC RIDE<br>SHARING                     | 8 - BUS - SHUTTLE<br>9 - BUS - OTHER          | 13 - POLICE<br>14 - PUBLIC UTILITY                  |                      | NOW REMOVAL<br>DWING                  |  | 7 6 5                          | 7 6  | 5                |
| FUNCTION                      | 4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER | 10 - AMBULANCE                                | 15 - CONSTRUCTION EQUIP                             |                      | AFETY SERVICE<br>ATROL                |  |                                | 12 12  | 12               |
|                               | 1 - NO CARGO BODY TYPE                             | 4 - LOGGING                                   | 7 - GRAIN/CHIPS/GRAVEL                              | 11 - D               |                                       | 99 - OTHER / UNKNOWN                         | 12                             | å <u>i</u>   |                  |
| _ 1                           | / NOT APPLICABLE                                   | 5 - INTERMODAL                                | 8 - POLE  |                      | ONCRETE MIXER                         | 35 Other, order                              | ~ <b>L</b> I ~                 |  |                  |
| CAILGO                        | 2 - BUS<br>3 - VEHICLE TOWING                      | CONTAINER CHAS:<br>6 - CARGOVAN               | 9 - CARGO TANK<br>10 - FLAT BED                     |                      | uto transporter<br>Arbage/Refuse      |  | 9 ( ) 3                        | 9 9 1 3  | 9 (30) 3         |
| TYPE                          | ANOTHER MOTOR VEHICLE                              | /ENCLOSED BOX                                 |   | 14 - 0.              |                                       |  |                                | T . <b></b> .                                      | $\Theta$         |
| l I                           | 1 - TURN SIGNALS<br>2 - HEAD LAMPS                 | 4 - BRAKES<br>5 - STEERING                    | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT    |                      | TOR TROUBLE<br>SABLED FROM PRIOR      | 99 - OTHER / UNKNOWN                         | , ,                            | <b>√</b>  — <br>6 6                                | 6                |
| VEHICLE<br>DEFECTS            | 3 - TAIL LAMPS                                     | 6 - TIRE BLOWOUT                              | DEFECTIVE   |                      | CIDENT                                |  |                                |  |                  |
| DEFECTS                       |  |   |   | 40.00                |                                       | 99 - OTHER / UNKNOWN                         | ∐- NO DAMA                     | GE [0]   | UAGE [ 14 ]      |
| 1                             | 1 - INTERSECTION -<br>MARKED CROSSWALK             | 4 - MIDBLOCK -<br>MARKED CROSSV               | 7 - SHOULDER/ROADSIDE<br>VALK 8 - SIDEWALK          | 11 - Sł              | RIVEWAY ACCESS<br>HARED USE PATHS     | 99 - OTHER / UNKNOWN                         | ☐- <b>TOP</b> [ 13 ]           | - ALL AREAS [                                      | 15]              |
| NON-<br>MOTORIST              | 2 - INTERSECTION -<br>UNMARKED CROSSWALK           | 5 - TRAVEL LANE -<br>OTHER LOCATION           | 9 - MEDIAN/CROSSING                                 | 12 - Fi              | r trails<br>RST responder             |  |                                | UNIT NOT AT SCENE [ 16 ]                           |                  |
| LOCATION                      | 3 - INTERSECTION - OTHER                           | 6 - BICYCLE LANE<br>1 - STRAIGHT AHEAD        | 9 - LEAVING TRAFFIC                                 |                      | INCIDENT SCENE                        | 21 - STANDING OUTSIDE                        |                                | AL DOINT OF CONTACT                                |                  |
|                               | 1 - NON-CONTACT 2 - NON-COLLISION                  | 2 - BACKING                                   | LANE  | JC                   | GGING, PLAYING                        | DISABLED VEHICLE                             | 0 - NO DA                      | <b>AL POINT OF CONTACT</b><br>MAGE 14 - UNDERCARRI | AGE              |
| 4 1                           | 3 - STRIKING 99                                    | 3 - Changing Lanes<br>4 - Overtaking/pas      |   |                      | ORKING<br>JSHING VEHICLE              | 99 - OTHER / UNKNOWN                         |                                | ER TO UNIT 15 - VEHICLE NOT                        |                  |
| ACTION                        | PRE-CRASH  | 5 - MAKING RIGHT TU<br>6 - MAKING LEFT TUR    |   |                      | PPROACHING OR<br>AVING VEHICLE        |  |                                | GRAM<br>99 - UNKNOWN                               |                  |
|                               | 5 - BOTH STRIKING<br>& STRUCK                      | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFI      | 13 - NEGOTIATING A CURVE                            |                      | Anding<br>Ther Non-Motorist           |  | 13 - TOP                       |  |                  |
|                               | 9 - OTHER/UNKNOWN                                  | LANE  | C 14 - ENTERING OR CROSSING<br>SPECIFIED LOCATION   | G 20-0               | THER NON-MOTORIST                     |  |                                | TRAFFIC  |                  |
| •                             | 1 - NONE<br>2 - FAILURE TO YIELD                   | 8 - FOLLOWING TOO                             | CLOSE 13 - IMPROPER START FROM<br>A PARKED POSITION |                      | ERATING DEFECTIVE<br>UIPMENT          | 23 - OPENING DOOR INTO<br>ROADWAY            | TRAFFICWAY FLOW<br>1 - ONE-WAY | TRAFFIC CONTRO                                     |                  |
|                               | 3 - RAN RED LIGHT                                  | 9 - IMPROPER LANE<br>CHANGE                   | 14 - STOPPED OR PARKED<br>ILLEGALLY                 |                      | ad Shifting<br>Alling/Spilling        | 99 - OTHER IMPROPER<br>ACTION                | 2 - TWO-WAY                    | 1 - ROUNDABOUT 4 -<br>2 - SIGNAL 5 -               | YIELD SIGN       |
| $\lfloor \frac{1}{2} \rfloor$ | 4 - RAN STOP SIGN<br>5 - UNSAFE SPEED              | 10 - IMPROPER PASSI                           | NG 15 - SWERVING TO AVOID                           | 20 - IM              | PROPER CROSSING                       | ,,_,,  | 2                              | 6 3 - FLASHER 6 -                                  | NO CONTROL       |
| CONTRIBUTING CIRCUMSTANC      | IG 6 - IMPROPER TURN<br>CES 7 - LEFT OF CENTER     | 11 - DROVE OFF ROAL<br>12 - IMPROPER BACKI    |   |                      | ng in roadway<br>ot discernible       |  | # OF THROUGH LANES             | RAIL GRADE CROSS                                   | ING              |
|                               | <u>-</u>   |   |   |                      |                                       | <u>-</u>                                     | ON ROAD                        | 1 - NOT INVLOVED                                   | occure.          |
| SEQUENCE                      | of EVENTS  |   | EVENTS  |                      |                                       | kosevene, espeni                             | 2                              | 2 - INVOLVED-ACTIVE CR<br>3 - INVOLVED-PASSIVE C   |                  |
| 1 20                          | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION           | 7 - SEPARATION OF UN<br>8 - RAN OFF ROAD RIG  |   |                      | IIMAL -OTHER 2<br>OTOR VEHICLE IN     | 23 - STRUCK BY FALLING,<br>SHIFTING CARGO OR |                                | ON MOTORIST DIRECTION                              |                  |
|                               | 3 - IMMERSION<br>4 - JACKKNIFE                     | 9 - RAN OFF ROAD LEF<br>10 - CROSS MEDIAN     |   | TR                   | ANSPORT<br>IRKED MOTOR                | ANYTHING SET IN<br>MOTION BY A MOTOR         | UNIT / P                       | ON-MOTORIST DIRECTION  1 - NORTH 5 - NOR           | THEAST           |
| 2                             | 5 - CARGO / EQUIPMENT                              | 11 - CROSS CENTERLIN                          | E - 16 - RAILWAY VEHICLE                            | VE                   | HICLE 2                               | VEHICLE<br>24 - OTHER MOVABLE                |                                | 2 - SOUTH 6 - NOR                                  | THWEST           |
|                               | LOSS OR SHIFT  6 - EQUIPMENT FAILURE               | OPPOSITE DIRECTION OF TRAVEL                  | ON 17 - ANIMAL - FARM<br>18 - ANIMAL - DEER         | M                    | ORK ZONE<br>AINTENANCE                | OBJECT                                       | FROM 2 TO                      | 1   3 - EAST 7 - SOU' 4 - WEST 8 - SOU'            |                  |
| 3 [                           |  | Tieste de Col                                 | LLISION WITH FIXED OBJECT -                         |                      | UIPMENT                               | ane parente aborili de la                    | 11.0                           | <del></del> '                                      | ER / UNKNOWN     |
| 4                             | 25 - IMPACT ATTENUATOR<br>/CRASH CUSHION           | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIE    | 38 - OVERHEAD SIGN POST                             |                      | BANKMENT 5                            | 52 - BUILDING<br>53 - TUNNEL                 | UNIT SPEED                     | DETECTED SP  |                  |
|                               | 26 - BRIDGE OVERHEAD<br>STRUCTURE                  | 33 - MEDIAN CABLE BA<br>34 - MEDIAN GUARDRA   | ARRIER SUPPORT                                      | 47 - M.<br>48 - TR   |                                       | 54 - OTHER FIXED<br>OBJECT                   | ONT SPEED                      | DETECTED SI  |                  |
| 5                             | 27 - BRIDGE PIER OR                                | BARRIER                                       | 41 - OTHER POST, POLE                               | 49 - FI              |                                       | 99 - OTHER / UNKNOWN                         | 0                              | 1 - STATED / ESTIN                                 | AATED SPEED      |
| ا م                           | ABUTMENT<br>28 - BRIDGE PARAPET                    | 35 - MEDIAN CONCRET BARRIER                   | 42 - CULVERT  | M                    | AINTENANCE<br>UIPMENT                 |  | DOCTED COLED                   | 1  2 - CALCULATED/                                 | EDR              |
| 6 [                           | J 29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE          | 36 - MEDIAN OTHER BA<br>37 - TRAFFIC SIGN POS |   | 51 - W               |                                       |  | POSTED SPEED                   | 3 - UNDETERMINE                                    | n.               |

1\_\_\_ MOST HARMFUL EVENT

1 FIRST HARMFUL EVENT



## LOCAL REPORT NUMBER

3 - UNDETERMINED

\_\_\_\_55

| OHIO I                                 | DEPARTMENT UNIT                                     |  |   |                                |                                       |  |                               | 22               | 2-6371  |
|--|---|--|---|--------------------------------|---------------------------------------|--|-------------------------------|------------------|---|
|  | OWNER NAME: LAST, FIRST, I<br>BOWEN, JONATHAN       | MIDDLE (   SAME AS DRIVES  | R)  | OWNER                          | PHONE:INCLUDE AR                      | EA CODE ( SAME AS DRIVER)                |                               |                  | A M A G E<br>IAGE SCALE                           |
|  | DRESS: STREET, CITY, STATE, Z                       |  |   |                                |                                       |  | 1 - NONE<br>  4   2 - MINOR E | DAMAG!           | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE     |
|  | TH COURT ST., MEDI<br>AL CARRIER: NAME, ADDRES      |  | <u> </u>  | Con                            | MMERCIAL CARRIER PH                   | ONE: INCLUDE AREA CODE                   |                               |                  | NKNOWN  |
| COMMENT                                | AL CAMILLIA MARIE, ADDINES                          | 3, 6111, 311114, 211   |   |                                |                                       |  |                               |                  | GED AREA(S)                                       |
| LP STATE                               | LICENSE PLATE #                                     | VEHI   | ICLE IDENTIFICATION #                                   |                                | VEHICLE YEAR                          | VEHICLE MAKE                             | IN                            | DICATE           | ALL THAT APPLY                                    |
| ОН                                     | JFB9109   | JTC  | DJT92348518458 <u>8</u>                                 |                                | 2008                                  | TOYOTA                                   |                               |                  | 12 1  |
| X INSURAN                              | PROGRESSIVE   | NY   | INSURANCE POLICY # 942603589                            |                                | COLOR                                 | VEHICLE MODEL<br>YARIS                   |                               |                  | 11 12   |
| VERIFIED                               | TYPE OF USE   |  | US DOT #  | TOW                            | WHI<br>ED BY: COMPANY N               |  | 10/10/10/2                    | 7,               | 10 11 1   |
| СОММЕЯ                                 |   | IN EMERGENCY<br>RESPONSE   | US DOT #  | JOH                            | N'S TOWING                            |  | 9 9 3                         | 3                | 9 3   |
| INTERLO                                |   | # OCCUPANTS  | EHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K lBs.                | П□М                            | HAZARDOU:<br>IATERIAL CLAS            |  | 8 7 5                         | 7.               | 7 7 7   |
| DEVICE<br>EQUIPPE                      | HIT/SKIP UNIT                                       | 1 1  | 2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.                 |                                | eleased<br>Lacard i                   | 11 1                                     |                               |                  | , , ,   |
|  | 1 - PASSENGER CAR 6 - VA                            | N (9-15 SEATS)   |   |                                |                                       | PEDESTRIAN/SKATER                        | 6 5                           | 11               | 12 6  |
| 1 1 1                                  | (MINIVAN) 8 - MC                                    | OTORCYCLE 2-WHEELED<br>OTORCYCLE 3-WHEELED                           | 44 CINCLEUNIT   | US (16+ PA<br>THER VEH         | •                                     | WHEELCHAIR (ANY TYPE) OTHER NON-MOTORIST | 10/                           | /\ <u>\</u>      | 2   |
| UNIT TYPE                              | 3 - SPORT UTILITY 9 - AU                            | TOCYCLE  | TRUCK   | EAVY EQU                       |                                       | BICYCLE                                  | 9 (                           | 9                | 3 3   |
|  | 10 - 14   | OPED OR MOTORIZED  | 16 EARM FOLUDIAGNT 22 - A                               |                                | ******                                | TRAIN                                    | <del> </del>                  | = 8              |   |
| _                                      | 5 - CARGO VAN 11 - A<br>(ATV/                       | LL TERRAIN VEHICLE   | 17 - MOTORHOME  |                                | v 99 -                                | UNKNOWN OR HIT/SKIP                      | В                             | ׼                | 5 4   |
|  | # of TRAILING UNITS                                 |  |   |                                |                                       |  | 11 12                         | 7                | 5 11 12   |
|  | WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRE |  | 0 - NO AUTOMATION 3                                     | - CONDITI                      | ONAL AUTOMATION                       | 9 - UNKNOWN                              | 10 12                         | \2               | 10  |
| . 2 .                                  |   | L <u>-</u>   |   |                                | TOMATION                              |  | 10 2                          | 7                | 10 2  |
|  | 1 - YES 2 - NO 9 - OTHER/U                          | MODE LE  | NOUS 2 - PARTIAL AUTOMATION 5                           | - FULL AU1                     | TOMATION                              | <del></del>                              | 9 3                           | 3                | 9 9 3   |
|  | 1 - NONE  | 6 - BUS - CHARTER/TO   |   | 16 - FA                        |                                       | 21 - MAIL CARRIER                        | 7 6                           | 7.               |   |
| _1_                                    | 2 - TAXI<br>3 - ELECTRONIC RIDE                     | 7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE                             | 12 - MILITARY<br>13 - POLICE                            |                                | owing<br>Iow Removal                  | 99 - OTHER / UNKNOWN                     | , ,                           |                  | 7   |
| SPECIAL                                | SHARING<br>4 - SCHOOL TRANSPORT                     | 9 - BUS - OTHER  | 14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.         | 19 - TC                        | OWING<br>FETY SERVICE                 |  | 6                             |                  | 6   |
| FUNCTION                               | 5 - BUS - TRANSIT/COMMUTER                          | 10 - AMBULANCE   | 15 - CONSTRUCTION EQUIP.                                |                                | TROL                                  |  |                               | 12               | ! 12 12   |
| . 1 .                                  | 1 - NO CARGO BODY TYPE                              | 4 - LOGGING  | 7 - GRAIN/CHIPS/GRAVEL                                  | 11 - Dl                        |                                       | 99 - OTHER / UNKNOWN                     | 12                            |                  |   |
|  | / NOT APPLICABLE<br>2 - BUS                         | 5 - INTERMODAL<br>CONTAINER CHASS                                    | 8 - POLE<br>5IS 9 - CARGO TANK                          |                                | ONCRETE MIXER<br>JTO TRANSPORTER      |  | .R A R.                       | . 1              | ,= 3 9 <b>1</b> 1 3 9 <b>10</b> 3                 |
| DOD!                                   | 3 - VEHICLE TOWING<br>ANOTHER MOTOR VEHICLE         | 6 - CARGOVAN<br>/ENCLOSED BOX  | 10 - FLAT BED   |                                | ARBAGE/REFUSE                         |  |                               | * <b>T</b>       |   |
| TYPE                                   | 1 - TURN SIGNALS                                    | 4 - BRAKES   | 7 - WORN OR SLICK TIRES                                 | 9 - MO                         | TOR TROUBLE                           | 99 - OTHER / UNKNOWN                     | 6                             | 5                | <b>E</b>  |
| VEHICLE                                | 2 - HEAD LAMPS                                      | 5 - STEERING   | 8 - TRAILER EQUIPMENT<br>DEFECTIVE                      |                                | SABLED FROM PRIOR                     |  |                               | 6                | 6 6   |
| DEFECTS                                | 3 - TAIL LAMPS                                      | 6 - TIRE BLOWOUT   | DEFECTIVE   | ^-                             | CIOLINI                               |  | ☐- NO DAMA                    | AGE [ 0 ]        | - UNDERCARRIAGE [ 14 ]                            |
|  | 1 - INTERSECTION -                                  | 4 - MIDBLOCK -   | 7 ~ SHOULDER/ROADSIDE                                   |                                | RIVEWAY ACCESS                        | 99 - OTHER / UNKNOWN                     | ☐- <b>TOP</b> [ 13 ]          |                  | ☐- ALL AREAS [ 15 ]                               |
| NON-                                   | MARKED CROSSWALK 2 - INTERSECTION -                 | MARKED CROSSW<br>5 - TRAVEL LANE -                                   | 8 - SIDEWALK  | OR                             | IARED USE PATHS<br>TRAILS             |  | _                             |                  |   |
| MOTORIST<br>LOCATION                   | UNMARKED CROSSWALK 3 - INTERSECTION - OTHER         | OTHER LOCATION<br>6 - BICYCLE LANE                                   | 9 - MEDIAN/CROSSING<br>ISLAND                           |                                | RST RESPONDER<br>INCIDENT SCENE       |  | L                             | - UNIT           | NOT AT SCENE [ 16 ]                               |
|  | 1 - NON-CONTACT                                     | 1 - STRAIGHT AHEAD   | 9 - LEAVING TRAFFIC                                     |                                | ALKING, RUNNING,                      | 21 - STANDING OUTSIDE                    | INIT                          | IAL PO           | INT of CONTACT                                    |
| 2                                      | 2 - NON-COLLISION                                   | 2 - BACKING<br>3 - CHANGING LANES                                    | LANE<br>10 - PARKED                                     |                                | gging, playing<br>Orking              | DISABLED VEHICLE  99 - OTHER / UNKNOWN   | 0 - NO DA                     |                  | 14 - UNDERCARRIAGE                                |
| _3                                     | 3 - STRIKING PRE-CRASH                              | 4 - OVERTAKING/PASS<br>5 - MAKING RIGHT TUI                          |   |                                | ISHING VEHICLE<br>PROACHING OR        |  | '-                            | FER TO !<br>GRAM | UNIT 15 - VEHICLE NOT AT SCENE                    |
| ACTION                                 | A CTDIICV   | 6 - MAKING LEFT TURN   | N 12 - DRIVERLESS                                       |                                | AVING VEHICLE                         |  | 13 - TOP                      |                  | 99 - UNKNOWN                                      |
|  | & STRUCK  | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC                            |   |                                | ANDING<br>THER NON-MOTORIST           |  |                               |                  |   |
|  | 9 - OTHER / UNKNOWN<br>1 - NONE                     | 8 - FOLLOWING TOO C  | SPECIFIED LOCATION  CLOSE 13 - IMPROPER START FROM      | 18 - OP                        | ERATING DEFECTIVE                     | 23 - OPENING DOOR INTO                   | TRAFFICWAY FLOW               | TR               | AFFIC TRAFFIC CONTROL                             |
|  | 2 - FAILURE TO YIELD                                | /ACDA  | A PARKED POSITION                                       | EQU                            | JIPMENT                               | ROADWAY<br>99 - OTHER IMPROPER           | 1 - ONE-WAY                   |                  | 1 - ROUNDABOUT 4 - STOP SIGN                      |
| . 10 г                                 | 3 - RAN RED LIGHT<br>4 - RAN STOP SIGN              | 9 - IMPROPER LANE<br>CHANGE  | 14 - STOPPED OR PARKED<br>ILLEGALLY                     |                                | ad Shifting<br>Lling/Spilling         | ACTION                                   | 2 - TWO-WAY                   | l <sub>ı 6</sub> | 2 - SIGNAL 5 - YIELD SIGN                         |
| CONTRIBUTIN                            | 5 - UNSAFE SPEED<br>G 6 - IMPROPER TURN             | 10 - IMPROPER PASSIN<br>11 - DROVE OFF ROAD                          |   |                                | Proper Crossing<br>NG In Roadway      |  |                               |                  | 3 - FLASHER 6 - NO CONTROL                        |
| CIRCUMSTANC                            | ES 7 - LEFT OF CENTER                               | 12 - IMPROPER BACKIN   |   | 22 - NO                        | T DISCERNIBLE                         |  | # OF THROUGH LANES<br>ON ROAD |                  | RAIL GRADE CROSSING  1 - NOT INVLOVED             |
| SEQUENCE                               | OF EVENTS   | •  | <del>-</del> ·  |                                | _                                     |  | _                             | l.               | 2 - INVOLVED-ACTIVE CROSSING                      |
| 20                                     | . 1 - OVERTURN/ROLLOVER                             | 7 - SEPARATION OF UNI  | ITS 12 - DOWNHILL RUNAWAY                               | 19 - AN                        | IIMAL-OTHER 2                         | 23 - STRUCK BY FALLING,                  | [_2_]                         | ŀ                | 3 - INVOLVED-PASSIVE CROSSING                     |
| 1 20                                   | 2 - FIRE/EXPLOSION                                  | 8 - RAN OFF ROAD RIGH<br>9 - RAN OFF ROAD LEFT                       | HT 13 - OTHER NON-COLLISION                             | 20 - MC                        | OTOR VEHICLE IN                       | SHIFTING CARGO OR<br>ANYTHING SET IN     | UNIT / I                      | NON-M            | OTORIST DIRECTION                                 |
| 21                                     | 4 - JACKKNIFE                                       | 10 - CROSS MEDIAN  | 15 - PEDALCYCLE   | 21 - PA                        | RKED MOTOR                            | MOTION BY A MOTOR<br>VEHICLE             |                               |                  | 1 - NORTH 5 - NORTHEAST                           |
| ۷ ــــــــــــــــــــــــــــــــــــ | J 5 - CARGO / EQUIPMENT<br>LOSS OR SHIFT            | 11 - CROSS CENTERLINE<br>OPPOSITE DIRECTIO                           |   | 22 - WC                        | ORK ZONE                              | 4 - OTHER MOVABLE<br>OBJECT              | _                             |                  | 2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST |
| зĹ                                     | 6 - EQUIPMENT FAILURE                               | OF TRAVEL  | 18 - ANIMAL - DEER                                      |                                | INTENANCE<br>UIPMENT                  |  | FROM 2 TO                     | _1               | 4 - WEST 8 - SOUTHWEST                            |
|  | . 25 - IMDACT ATTENUATOR                            | <b>COL</b><br>31 - GUARDRAIL END                                     | LISION WITH FIXED OBJECT - S<br>38 - OVERHEAD SIGN POST | STRUCK                         |                                       | 2 - BUILDING                             |                               |                  | 9 - OTHER / UNKNOWN                               |
| 4                                      | / CRASH CUSHION                                     | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BAR | R 39 - LIGHT / LUMINARIES                               | 45 - EM<br>46 - FEN<br>47 - MA | NCE 5                                 | 53 - TUNNEL<br>54 - OTHER F¦XED          | UNIT SPEED                    |                  | DETECTED SPEED                                    |
| 5 Í                                    | STRUCTURE   | 34 - MEDIAN GUARDRA  | IL 40 - UTILITY POLE                                    | 48 - TRE                       | E                                     | OBJECT<br>OBJECT<br>99 - OTHER / UNKNOWN | c r                           |                  | 1 - STATED / ESTIMATED SPEED                      |
| ٠                                      | J 27 - BRIDGE PIER OR<br>ABUTMENT                   | BARRIER<br>35 - MEDIAN CONCRETE                                      |   | 50 - WC                        | E HYDRANI S<br>DRK ZONE<br>JINTENANCE | 2 CHIERY CHRISTIA                        | 55                            |                  | 1   |
| 6                                      |   | BARRIER<br>36 - MEDIAN OTHER BA                                      |   | EQI                            | UIPMENT                               |  | POSTED SPEED                  | <u></u>          | 2 - CALCULATED / EDR                              |
|  |   | 37 - TRAFFIC SIGN POST   | Г 44 - DITCH  | 51 - WA                        | ALL                                   |  |                               |                  | 2 UNIDETERMINED                                   |

1 MOST HARMFUL EVENT

1 FIRST HARMFUL EVENT

| OHIO DEP  | OND DEPARTMENT OF PUBLIC BAPTY OF PUBLIC BAPTY AND TORIST / NON-MOTORIST |   |                           |                        |  |                                     |          | LOCAL REPORT NUMBER 22-6371                            |                          |                                   |   |                   |   |                        |  |  |  |  |  |
|---|--|---|---------------------------|------------------------|--|-------------------------------------|----------|--|--------------------------|-----------------------------------|---|-------------------|---|------------------------|--|--|--|--|--|
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |   |                           |                        |  |                                     |          |  |                          |                                   | DATE OF BIRTH                                       |                   | · .   | AGE                    | GENDER   |  |  |  |  |
| 1   |  | SHANE, RYAN   |                           |                        |  |                                     |          |  |                          |                                   | 02/06/2002  |                   |   | 19                     | м  |  |  |  |  |
| ADDRESS:  | STREET, CITY   |   |                           |                        |  |                                     |          |  | CONT                     |                                   | ONE - INCLUDE                                       | AREA COD          | <b></b> _                                       |                        | 9 M  JECTION TRAPPED 1 1  BER  EST(S)  ESULTS SELECT UP 104  GE GENDER |  |  |  |  |
| 1119 WC   | DODGLEN  | CIRCLE, MEDINA, OH, 442   | 256                       |                        |  |                                     |          |  |                          |                                   |   |                   |   |                        |  |  |  |  |  |
| INJURIES  | INJURED<br>TAKEN   | EMS AGENCY (NAME)   |                           | INJURED                | TAKEN TO:  | MEDICAL FACILITY (NAME, C           | XTY)     | SAFETY EQUIPMEN  |                          | Т-Сомры                           |   |                   | AG USAGI  | EJECTIO                | TRAPPED  |  |  |  |  |
| NON 5   | BY _1_   | ву 1  |                           |                        |  |                                     |          | 4  | I MC                     | HELMET                            | 「 <u>1</u>  |                   | 3   | 1                      | 1  |  |  |  |  |
|   | TE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL OFFENSE DE:             |   |                           |                        |  |                                     |          | OFFENSE DESCI  | RIPTION                  |                                   |   | CITA              | TION N  | UMBER                  |  |  |  |  |  |
| OH OH   |  |   |                           | <u> </u>               |  |                                     |          |  |                          |                                   |   |                   |   |                        | <b>-</b>   |  |  |  |  |
| OL CLASS  | ENDORSEM   | RESTRICTION SELECT UP TO 3  | DIST                      | TRACTED                | ·—   | HOL / DRUG SUSPEC                   |          | CONDITION  | STATUS                   | TYPE                              | VALUE   | STATUS            | TYPE  |                        |  |  |  |  |  |
| 4   |  |   | ВУ                        | 1                      | 12   | R DRUG                              |          | 1  | 1                        | 1                                 |   | 1                 | 1   | 1                      |  |  |  |  |  |
| UNIT #  | NAME: LAS  | T, FIRST, MIDDLE  | •                         |                        |  | •                                   |          |  |                          | ı                                 | DATE OF BIRTH                                       |                   |   | AGE                    | GENDER   |  |  |  |  |
| 2   | BOWEN,   | JONATHAN  |                           |                        |  |                                     |          |  |                          | (                                 | 05/18/1987  |                   |   | 34                     | М  |  |  |  |  |
| ADDRESS:  | STREET, CITY   | , STATE, ZIP  |                           |                        |  |                                     |          |  | CONT                     | ACT PHO                           | ONE - INCLUDE                                       | AREA CODE         | <u> </u>  |                        |  |  |  |  |  |
| ₫   |  | T ST., MEDINA, OH, 44256  |                           |                        |  |                                     |          | <b></b>  |                          |                                   |   |                   |   |                        |  |  |  |  |  |
|   | TAKEN  | EMS AGENCY (NAME)   |                           | INJURED                | TAKEN TO: I  | MEDICAL FACILITY (NAME, C           | ITY)     | SAFETY EQUIPMENT                                       |                          | T-COMPLIA                         | .   | AIR BA            |   | EJECTION               |  |  |  |  |  |
|   | ву _9_   |   |                           |                        |  | <del></del>                         | LOCAL    | 4  |                          | TILLIVIE                          | 1   |                   | 2   | 1                      | 1  |  |  |  |  |
| 콩   | OPERATOR   | LICENSE NUMBER  |                           |                        | SE CHARG   | ED                                  | CODE     | OFFENSE DESCR  |                          | 0                                 |   | - 1               | CITATION NUMBER                                 |                        |  |  |  |  |  |
| OH  | rup op state   |   | 1                         | 4511.                  |  | IOL / DRUG GUERE                    |          | RULES GOVE   | _                        |                                   | AKING AN  | Y42               |   | TEST/                  | 5)   |  |  |  |  |
| OL CLASS  | ENDORSEM   | RESTRICTION SELECT UP TO 3  | DIST                      | RACTED                 |  | HOL / DRUG SUSPEC                   |          | CONDITION  | STATUS                   | TYPE                              | VALUE   | STATUS            | DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4 |                        |  |  |  |  |  |
| 4   |  |   | ВУ                        | 5                      | OTHE   | R DRUG                              |          | 1  | 1                        | 1                                 | •   | 1                 | 1   |                        |  |  |  |  |  |
| UNIT #  | NAME: LAS  | T, FIRST, MIDDLE  | ·                         |                        |  |                                     |          |  |                          | [                                 | DATE OF BIRTH                                       |                   |   | AGE                    | GENDER   |  |  |  |  |
| ADDRESS:  | STREET, CITY   | STATE, ZIP  |                           |                        |  |                                     |          |  | CONT                     | CONTACT PHONE - INCLUDE AREA CODE |   |                   |   |                        |  |  |  |  |  |
| <u> </u>  |  |   |                           |                        |  |                                     |          |  |                          |                                   |   |                   |   |                        |  |  |  |  |  |
|   | INJURED EMS AGENCY (NAME) TAKEN BY                                       |   |                           |                        | INJURED TAKEN TO: Medical Facility (NAME, CITY)  SAFETY EQUIPMENT USED |                                     |          |  |                          | DOT-COMPLIANT POSITION MC HELMET  |   |                   | AG USAGE  | EJECTION               | TRAPPED  |  |  |  |  |
| OL STATE  | OPERATOR   | LICENSE NUMBER  |                           | OFFENS                 | E CHARG  | ED                                  | CODE     | OFFENSE DESCR  | IPTION                   | ON                                |   |                   | CITATION NUMBER                                 |                        |  |  |  |  |  |
| OL CLASS  | ENDORSEME  | NT RESTRICTION SELECT UP TO 3   | DRIV                      |                        |  | IOL / DRUG SUSPEC                   |          | CONDITION  | A                        |                                   | L TEST<br>VALUE                                     |                   |   | TEST(                  | SELECT UP TO 4   |  |  |  |  |
|   |  |   | ВУ                        |                        | OTHE   |                                     |          |  | 311/103                  | ,                                 |   |                   | """   | INCSUCIO               | 32227 61 10 4  |  |  |  |  |
| INJU<br>1 - FATAL                                 | IRIES  | SEATING POSITION  | A<br>1 - NOT DE           | AIR BAC<br>PLOYED      | ,  | OL CLASS                            | 5        | OL RESTRIC   | 97.8 P. J. Per           | 7778.11.11                        | VER DISTRA  OT DISTRACTED                           | CTION             |   | EST STA<br>1E GIVEN    | TUS  |  |  |  |  |
| 2 - SUSPECTED S                                   | SERIOUS  | (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE   | 2 - DEPLOY<br>3 - DEPLOY  | 'ED SIDE               | Γ  | 2 - CLASS B                         |          | DEVICE<br>2 - CDL INTRASTAT                            |                          | ELE                               | ANUALLY OPERA<br>ECTRONIC                           | 84 (0-6)          | 2 - TEST<br>3 - TEST                            | REFUSED<br>GIVEN,      | 48   |  |  |  |  |
| INJURY<br>B - SUSPECTED I                         | MINOR  | 3 - FRONT ~ RIGHT SIDE<br>4 - SECOND - LEFT SIDE  | 4 - DEPLOY<br>FRONT/      | SIDE 🖖                 |  | 3 - CLASS C                         |          | 3 - CORRECTIVE LE<br>4 - FARM WAIVER                   |                          | (TI                               | OMMUNICATION<br>EXTING, TYPING,                     | DEVICE            |   | TAMINATE<br>USABLE     | D SAMPLE   |  |  |  |  |
| INJURY<br>1 - POSSIBLE INJ                        | IURY   | (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE   | 5 - NOT AP<br>9 - DEPLOY  |                        | KNOWN  | 4 - REGULAR CLAS:<br>(OHIO = D)     | S        | 5 - EXCEPT CLASS /<br>6 - EXCEPT CLASS /               | ١                        | 3 - TA                            | ALING)<br>ALKING ON HAND<br>OMMUNICATION            |                   |   | JLTS KNOW              | IN   |  |  |  |  |
| 5 - NO APPAREN                                    | IT INJURY  | 6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE  | E.                        | JECTIO                 | V  | 5 - M/C MOPED OF                    | NLY      | & CLASS B BUS<br>7 - EXCEPT TRACTO<br>8 - INTERMEDIATE | R-TRAILER                | 4 - T/                            | ALKING ON HAND<br>DMMUNICATION                      | )-HELD            |   | GIVEN,<br>JLTS UNKN    | OWN  |  |  |  |  |
| INJURIES  | TAKEN BY   | (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE   | 1 - NOT EJE               | CTED                   |  | 6 - NO VALID OL                     |          | RESTRICTIONS  9 - LEARNER'S PER                        |                          | 5 - O                             | THER ACTIVITY W<br>ECTRONIC DEVIC                   | ITH AN            | (   |                        | ST TYPE  |  |  |  |  |
| 1 - NOT TRANS<br>TREATED A                        | Francisco III anti-  | 9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION  | 2 - PARTIAL<br>3 - TOTALL | Y EJECTED              |  | OL ENDORSE                          | VIENT    | RESTRICTIONS<br>10 - LIMITED TO DA                     |                          |                                   | ASSENGER<br>THER DISTRACTIO                         | )N                | 1 - NON<br>2 - BLOO                             | OD ==                  | nages also   |  |  |  |  |
| 2 - EMS<br>8 - POLICE                             | (p)  | OF TRUCK CAB<br>11 - PASSENGER IN   | 4 - NOT AP                | RAPPE                  | )<br>D   | M - MOTORCYCLE                      |          | ONLY<br>11 - LIMITED TO EN                             | /PLOYMEN                 | T 8-0                             | SIDE THE VEHICL<br>THER DISTRACTIO                  | )N                | 3 - URIN<br>4 - BREA                            | 28 2000 0 500          |  |  |  |  |  |
| 9 - POLICE<br>9 - OTHER/UN                        | VKNOWN   | OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT,   | 1 - NOT TR                | APPED                  |  | P - PASSENGER<br>N - TANKER         |          | 12 - LIMITED - OTH<br>13 - MECHANICAL                  |                          |                                   | JTSIDE THE VEHIO<br>THER / UNKNOW                   |                   | 5 - OTH   | 6909669486 vil         | TVDE   |  |  |  |  |
| SAFETY EC   | DUIPMENT   | BUS, PICK-UP WITH CAP)  12 - PASSENGER IN   |                           | NICAL ME               | \NS  | Q - MOTOR SCOOT                     | TER      | (SPECIAL BRAK<br>CONTROLS, OF                          | OTHER                    | 1 40                              | CONDITION PARENTLY NORM                             | (0)00 (000000000) | 1 - NON<br>2 - BLOC                             |                        | - N/24   |  |  |  |  |
| 1 - NONE USED                                     | - NONE USED 13 - TRAILING UNIT   |   | marin was some of a fin   | iy<br>Echanic <i>i</i> | IL MEANS   | R - THREE-WHEEL<br>MOTORCYCLE       | i Solesi | ADAPTIVE DEV<br>14 - MILITARY VEH<br>15 - MOTOR VEHIC  | CLES ONLY                | 2 - PH                            | PARENTLY NORM<br>IYSICAL IMPAIRM<br>IOTIONAL (E.G., |                   | 2 - BLOC<br>3 - URIN<br>4 - OTHI                | ΙE                     |  |  |  |  |  |
| 2 - SHOULDER B<br>USED<br>3 - LAP BELT ON         |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   |                           |                        |  | S - SCHOOL BUS<br>T - DOUBLE & TRIP | i e      | WITHOUT AIR  | BRAKES                   | DEI                               | PRESSED, ANGRY,<br>TURBED)                          | a ð               | Access to the same                              | April , Par            | ESULT(S  |  |  |  |  |
| S - LAP BELL ON<br>1 - SHOULDER 8<br>USED         |  | 15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN   |                           |                        |  | TRAILERS                            | 3-123    | 17 - PROSTHETIC A<br>18 - OTHER                        |                          | 4 - ILI                           |   |                   | 1 - AMPI  | HETAMINES              | antalica e mitua   |  |  |  |  |
| 5 - CHILD RESTR<br>- FORWARD I                    |  | A Proposition of the Control of the |                           | 7                      |  | X - TANKER / HAZN                   | MAT:     |  |                          | FA                                | TIGUED, ETC.<br>NDER THE INFLUE                     |                   | 3 – BENZ  | ODIAZEPIN<br>NABINOIDS |  |  |  |  |  |
| - PORWARD<br>S - CHILD RESTR<br>- REAR FACIN      | AINT SYSTEM  |   |                           |                        | agsinosco.<br>Carlos Simbol  | GENDER                              |          |  |                          | MI                                | DICATIONS / DR                                      | UGS/              | 5 - COCA  |                        |  |  |  |  |  |
| - REAK FACIN<br>B - BOOSTER SE<br>B - HELMET USEI | AT   |   |                           |                        |  | F - FEMALE<br>M - MALE              | e ees    |  |                          |                                   | HER / UNKNOW  |                   | 7 - OTHE  |                        |  |  |  |  |  |
| 3 - HELMET USE<br>9 - PROTECTIVE<br>(ELBOWS, KN   | PADS USED  |   |                           | eres es<br>General C   |  | U - OTHER / UNKN                    | OWN      |  |                          |                                   |   |                   | S - NEGP  | WAT VERO               |  |  |  |  |  |
| (ELBOWS, NI<br>10 - REFLECTIVE<br>11 - LIGHTING - | CLOTHING   |   | 00 99 401<br>20 00 3      |                        |  | 200 (1900)                          |          |  |                          |                                   |   |                   |   |                        |  |  |  |  |  |
| BICYCLE O<br>BICYCLE O<br>OTHER / UN              | NLY  |   |                           |                        |  |                                     |          |  | 11 (1866-15)<br>(AGRICA) |                                   |   |                   |   | 7 ( 3 )                |  |  |  |  |  |

| UNIT   | OHIO DES   | PARTMENT C                      | CCUPANT           | / WITN   | ESS <b>A</b> DDEND  | UM   |   |  |                             | ORT NUMBER   |            |          |
|--|--|---------------------------------|-------------------|--|---|--|---|--|-----------------------------|--------------|------------|----------|
| NAME LAST FIRST, MICROSO  UNITY # NAME LAST, FIRST, |  |                                 |                   | •  |   |  |   | DA   |                             | -0371        | AGE        | GENDER   |
| NAME LAST FIRST, MICROSO  UNITY # NAME LAST, FIRST, |  |                                 |                   |  |   |  |   |  |                             |              |            |          |
| MANUEL SETTING   MANUEL AST, FIRST, MIDDLE   MANUEL AST,   | ADDRESS:   | STREET, CIT                     | Y, STATE, ZIP     | _  |   |  |   | CONTACT PHONI  | E - INCLUDE AR              | EA CODE      |            |          |
| MANUEL SETTING   MANUEL AST, FIRST, MIDDLE   MANUEL AST,   | <u> </u>   | Innen                           | Irus A            |  | INHURED TAKEN TO MEDICAL PAGISTRAL  | hianis comb  | CAPETY COMPMENT   |  | SEATING                     | TAIR PACHEA  | E EIECTION | LTAADDE  |
| UNIT # NAME LAST, RIST, MIDDLE  NUMBER PULLIFIED DATE OF BIRTH  AGE GENDER  NUMBER PULLIFIED DATE OF BIRTH  AG | INJURIES   | TAKEN                           | EMS AGENCY (NAME) |  | NORED TAKEN TO, INEDICAL FACILITY   | SALET EQUI MEN   |   |  |                             | AIR BAG OSAC | Bechor     | INAFFE   |
| ADDRESS SHEET, CITY, STATE, 2P  CONTACT PHONE - INCLIDER MAN DUST   MANUAL FOCUM PARKED TO  | UNIT #   | <u> </u>                        | ST, FIRST, MIDDLE |  |   |  |   | DA   | TE OF BIRTH                 | <u> </u>     | AGE        | GENDER   |
| INJURIES PARTIES AGENCY MANDO  UNIT # MARKE LAST, FRIST, MICOLE  DATE OF BRITH  AGE GENORE  INJURIES PARTIES AGENCY MANDO  UNIT # MARKE LAST, FRIST, MICOLE  DATE OF BRITH  AGE GENORE  INJURIES PARTIES AGENCY MANDO  INJURIES PARTIES AGENCY MANDO  UNIT # MARKE LAST, FRIST, MICOLE  INJURIES PARTIES AGENCY MANDO  |  |                                 |                   |  |   |  |   |  |                             |              |            |          |
| UNIT # NAME LAST, FIRST, MIDDLE  ADDRESS, STREET, CITY, STATE, ZIP  CONTRACT PRIONE - NACIDE ARIA CODE  RADURESS, STREET, CITY, STATE, ZIP  CONTRACT PRIONE - NACIDE ARIA CODE  SEATURE PRIOR - NACIDE ARIA CODE   | ADDRESS:   | STREET, CIT                     | Y, STATE, ZIP     |  |   |  |   | CONTACT PHONE  | - INCLUDE AR                | EA CODE      |            |          |
| UNIT # NAME LAST, FIRST, MIDDLE  ADDRESS, STREET, CITY, STATE, ZIP  CONTRACT PRIONE - NACIDE ARIA CODE  RADURESS, STREET, CITY, STATE, ZIP  CONTRACT PRIONE - NACIDE ARIA CODE  SEATURE PRIOR - NACIDE ARIA CODE   |  |                                 |                   |  | T   |  | T   | ļ  |                             | T            |            | T        |
| UNIT # NAME LAST, FRIST, MIDDLE  DATE OF BIRTH  AGE SENDER  INJURIES NUMBER LAST, FRIST, MIDDLE  UNIT # NAME LAST, FRIST, MIDDLE  UN | INJURIES   | TAKEN                           | EMS AGENCY (NAME) |  | I INJURED TAKEN TO: MEDICAL FACILITY (  | NAME, CITY)  | SAFETY EQUIPMENT  |  |                             | AIR BAG USAG | E EJECTION | TRAPPED  |
| ADDRESS. STREET, CITY, STATE, ZIP  CONTACT PHONE - PICLUSE AREA CODE  NUMBER OF BIRTH  AGE GENDER  NUMBER OF BIRTH  NUMBER  | IINIT #  |                                 | ST FIRST MIDDLE   |  |   |  |   | _  | TF OF BIRTH                 | 1            | AGF        | GENDER   |
| INJURIES INJURY OF BIRTH ARE AGENCY TOWNS OF THE PROPERTY OF BIRTH ARE AGENCY TOWNS OF THE PROPERTY OF THE PRO |  | , MAINE E                       | SI, IIIGI, MISSEE |  |   |  |   |  | ,                           |              | 7.52       | GLIVELIC |
| UNIT # NAME LAST, FIRST, MIDDLE  UNIT # NAME LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, 2P  CONTACT PHONE - INCLUDE AREA CODE  CONTACT PHONE - INCLU | ADDRESS:   | STREET, CIT                     | Y, STATE, ZIP     |  | · · · · · · · · · · · · · · · · · · ·   |  | <del></del>   | CONTACT PHONE  | - INCLUDE ARI               | EA CODE      |            |          |
| UNIT # NAME LAST, FIRST, MIDDLE  UNIT # NAME LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, 2P  CONTACT PHONE - INCLUDE AREA CODE  CONTACT PHONE - INCLU |  |                                 |                   |  |   |  |   |  |                             |              |            |          |
| UNIT # NAME: LAST, FIRST, MIDDLE  ADRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - MCLUDE AREA CODE  INJURIES  LINUURIES  LINUU | INJURIES   | TAKEN                           | EMS AGENCY (NAME) |  | INJURED TAKEN TO: MEDICAL FACILITY (I   | NAME, CITY)  | SAFETY EQUIPMENT  |  |                             | AIR BAG USAG | E EJECTION | TRAPPED  |
| ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLIDER AREA CODE  CONTACT PHON | UNIT #   |                                 | ET FIRST MIDDLE   |  |   |  |   |  | TE OF BIRTH                 | <u> </u>     | AGE        | GENIDER  |
| INJURIES SAFETY EQUIPMENT USED  1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED SERIOUS INJURY 4 - FOSSIBLE INJURY 5 - NO APPÄRENT INJURY 5 - NO APPÄRENT INJURY 6 - FORWARD PAGING 7 - BOOSTER SEAT 7 - BOOSTER SEAT 8 - PROTECTIVE PAGS USED 1 - NOT TRANSPORTED 7 - BOOSTER SEAT 9 - THIRD - RIGHT SIDE 9 - OTHER / UNKNOWN 1 - PASSENGER IN OTHER RICLOSED (ELBOWS, KNEES, ETC) CARGO AREA (NON-TRAILING UNIT) CARGO AREA (NON-TRAILING UNI | UNII #   | NIT # NAME: LAST, FIRST, MIDDLE |                   |  |   |  |   | "  | IE OF BIKIN                 |              | AGE        | GENDER   |
| INJURIES  SAFETY EQUIPMENT USED  POSTRON  1. FARATAL  2. SUSPECTED SERIOUS INJURY 3. SUSPECTED MINOR INJURY 4. POSSIBLE INJURY 5. NO APPARENT INJURY 5. NO APPARENT INJURY 1. NOT DEPLOYED BOTH 5. CHILD RESTRAINT SYSTEM PORWARD FACING 6. SECOND - RIGHT SIDE 7. FARATED AT SCENE 7. POROSTER SEAT 7. POROSTER SEAT 7. POROSTER SEAT 7. PORTIVE PADS USED 7. PROTECTIVE PADS | ADDRESS:   | STREET, CIT                     | y, STATE, ZIP     |  |   |  |   | CONTACT PHONE  | - INCLUDE ARE               | A CODE       |            |          |
| INJURIES  SAFETY EQUIPMENT USED  POSTRON  1. FARATAL  2. SUSPECTED SERIOUS INJURY 3. SUSPECTED MINOR INJURY 4. POSSIBLE INJURY 5. NO APPARENT INJURY 5. NO APPARENT INJURY 1. NOT DEPLOYED BOTH 5. CHILD RESTRAINT SYSTEM PORWARD FACING 6. SECOND - RIGHT SIDE 7. FARATED AT SCENE 7. POROSTER SEAT 7. POROSTER SEAT 7. POROSTER SEAT 7. PORTIVE PADS USED 7. PROTECTIVE PADS | ADDRESS:   |                                 |                   |  |   |  |   |  |                             |              |            |          |
| INJURIES SAFETY EQUIPMENT USED SEATING POSITION AIR BAG USAGE  1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPÄRENT INJURY 5 - NO APPÄRENT INJURY 5 - NO APPÄRENT INJURY 6 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - SECOND - RIGHT SIDE 7 - HOT TRANSPORTED / TREATED AT SCENE 7 - BOOSTER SEAT 9 - OTHER / UNKNOWN 7 - PROTECTIVE PADS USED 9 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 10 - REFLECTIVE CLOTHING 11 - HOTHANSON TESTEM 12 - OTHER / UNKNOWN 13 - REAR FACING 14 - RESTRAINT SYSTEM - FORWARD FACING 6 - SECOND - RIGHT SIDE 9 - OTHER / UNKNOWN 14 - RIGHT SIDE 15 - NOT APPLICABLE 16 - NOT TREATED AT SCENE 16 - HELIMET USED 17 - BOOSTER SEAT 19 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - NOT EJECTED 12 - PASSENGER IN OTHER ENCLOSED 13 - REAR FACING 6 - SECOND - RIGHT SIDE 14 - POSTIGUE AND SCENE 15 - NOT APPLICABLE 16 - NOT EJECTED 17 - BOOSTER SEAT 19 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - NOT EJECTED 11 - NOT EJECTED 12 - PASSENGER IN OTHER ENCLOSED 13 - TOTALLY EJECTED 14 - NOT APPLICABLE 15 - NOT APPLICABLE 16 - PROTECTIVE PADS USED 17 - PASSENGER IN OTHER ENCLOSED 18 - REFLECTIVE CLOTHING 19 - OTHER / UNKNOWN 14 - RIDING ON VEHICLE EXTERIOR 19 - OTHER / UNKNOWN 14 - RIDING ON VEHICLE EXTERIOR 15 - NON-MOTORIST 16 - NON-MOTORIST 17 - NON-MOTORIST 16 - NON-MOTORIST 17 - NON-MECHANICAL MEANS 17 - NON-MECHANICAL MEANS 18 - RECHANICAL MEANS 19 - OTHER / UNKNOWN 19 - OTHER / UNKNOWN 10 - OTHER / UNKNOWN 10 - OTHER / UNKNOWN 10 - OTHER / UNKNOWN 11 - RIDING ON VEHICLE EXTERIOR 12 - RASSENGER IN UNROCKED CONTACT PHONE - INCLUDE AREA CODE  NAME: LAST, FIRST, MIDDLE  10 - OTHER / UNKNOWN 10 - OTHER / UNKNOWN 11 - RIDING ON VEHICLE EXTERIOR 15 - NON-MECHANICAL MEANS 16 - OTHER / UNKNOWN 17 - RIDING ON VEHICLE EXTERIOR 18 - OTHER / UNKNOWN 19 - OTHER / UNKNOWN 19 - OTHER / UNKNOWN 19 - OTHER / UNKNOWN 10 - OTHER / UNKNOWN 10 - OTHER / UNKNOWN 11 - ROUTE - UNKNOWN 11 - RIDING ON VEHICLE EXTERIOR 16 - OTHER / UNKNO | INJURIES   | TAKEN                           | EMS AGENCY (NAME) |  | INJURED TAKEN TO: MEDICAL FACILITY (F   | NAME, CITY)  | SAFETY EQUIPMENT  |  |                             | AIR BAG USAG | EECTION    | TRAPPED  |
| 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 2 - SUSPECTED MINOR INJURY 3 - SUSPECTED MINOR INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 4 - POSSIBLE INJURY 5 - NO APPÄRENT INJURY 5 - NO APPÄRENT INJURY 5 - NO APPÄRENT INJURY 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - SECOND - RIGHT SIDE 7 - NOT TRANSPORTED / TREATED AT SCENE 8 - HELIMET USED 9 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED 10 - SEEPEN SCENE WITHOUT PROSECUE FOR INJURING WIN FOR MAILE 11 - INJURIED 11 - INJURIED MINOR WIN FOR MAILE 11 - INJURIED MINOR WIN FOR MAILE 11 - INJURIED MINOR WIN FOR MAILE 11 - NOT TRANSPORTED / TREATED AT SCENE 8 - HELIMET USED 9 - THIRD - MIDDLE 9 - DEPLOYMENT UNKNOWN 10 - REFLECTIVE CLOTHING 12 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BLIS, FIRST, MIDDLE 11 - NOT APPELCABLE 12 - NOT APPELCABLE 13 - ROLL MEANS A BLIS MINOR WIN FAILING UNIT SUCH AS A BLIS FREGUR WITH CARD WITH A BE GENDER 15 - NON-MECHANICAL MEANS 15 - NON-MECHANICAL MEANS 15 - RECEIVE CLOTHING 15 - NON-MECHANICAL MEANS 15 - NON-MECHANICAL MEANS 15 - NON-MECHANICAL MEANS 15 - RECEIVE CLOTHING 15 - NON-MECHANICAL MEANS 15 - RECEIVE CLOTHING 15 - NON-MECHANICAL MEANS 15 - NON-ME  |  |                                 |                   |  |   | 1  |   |  | 1                           |              |            |          |
| ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE  NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE  NAME: LAST, FIRST, MIDDLE  DATE OF BIRTH  AGE GENDER  NAME: LAST, FIRST, MIDDLE  AGE GENDER   | 3 - SUSPECTED SERIOUS INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD F INJURED TAKEN BY 1 - NOT TRANSPORTED / 6 - CHILD F TREATED AT SCENE REAR F. 2 - EMS 7 - BOOSTE 3 - POLICE 8 - HELMET 9 - OTHER / UNKNOWN 9 - PROTEC (ELBOW  GENDER 10 - REFLECT F - FEMALE 11 - LIGHTI M - MALE 99 - OTHER |                                 |                   | DER BELT ONLY USED T ONLY USED DER & LAP BELT USED ESTRAINT SYSTEM - RD FACING ESTRAINT SYSTEM - ACING R SEAT USED TIVE PADS USED IS, KNEES, ETC) CTIVE CLOTHING NG - PEDESTRIAN LE ONLY | 2 - FRON<br>3 - FRON<br>4 - SECO<br>(MOT<br>5 - SECO<br>6 - SECO<br>7 - THIRI<br>(MOT<br>8 - THIRI<br>10 - SLEE<br>11 - PAS:<br>CAR:<br>SUC<br>12 - PAS:<br>CAR:<br>13 - TRA<br>14 - RIDI<br>(NON<br>15 - NON | IT - MIDDLE IT - RIGHT SIDE ND - LEFT SIDE ORCYCLE PASSE ND - MIDDLE ND - RIGHT SIDE O - LEFT SIDE O - LEFT SIDE O - MIDDLE O - MIDDLE O - RIGHT SIDE EPER SECTION OI SENGER IN OTHI GO AREA (NON-TI H AS A BUS, PICK-UF SENGER IN UNE GO AREA ILING UNIT NG ON VEHICLE -TRAILING UNIT) I-MOTORIST | NGER)  F TRUCK CAB  FR ENCLOSED  RAILING UNIT  WITH CAP)  NCLOSED  EXTERIOR | DYED SIDE DYED BOTH T/SIDE APPLICABLE DYMENT UN EJECTIO ALLY EJECTEL APPLICABLE TRAPP RAPPED CATED BY ANICAL ME DYED | E JINKNOWN ION TED ED E PED |              |            |          |
| NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE  NAME: LAST, FIRST, MIDDLE  DATE OF BIRTH  AGE GENDER  | NAME: LAS  | ST, FIRST, MI                   | DDLE              |  |   |  |   | DA   | IE OF BIKIH                 |              | AGE        | GENDER   |
| ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE  NAME: LAST, FIRST, MIDDLE  DATE OF BIRTH  AGE GENDER   |  | STREET, CIT                     | r, STATE, ZIP     |  | · · · · · · · · · · · · · · · · · · ·   |  | <u> </u>  | CONTACT PHONE  | - INCLUDE ARE               | A CODE       |            |          |
| ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE  NAME: LAST, FIRST, MIDDLE  DATE OF BIRTH  AGE GENDER   |  |                                 |                   |  |   | _  |   |  | rr or =:=-:                 | -            | 4 C - 1    | a=       |
| NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER   | NAME: LAS  | ST, FIRST, MI                   | DDLE              |  |   |  |   | DAT  | IE OF BIRTH                 |              | AGE        | GENDER   |
|  | ADDRESS:   | STREET, CIT                     | , STATE, ZIP      |  |   |  |   | CONTACT PHONE  | ~ INCLUDE ARE               | A CODE       | I.         |          |
|  |  |                                 |                   |  |   |  |   |  |                             |              |            |          |
| ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE   | NAME: LAS  | ST, FIRST, MI                   | DDLE              |  |   | · · ·  |   | DAT  | TE OF BIRTH                 |              | AGE        | GENDER   |
|  | ADDRESS  | STREET, CIT                     | /, STATE, ZIP     |  |   |  |   | CONTACT PHONE  | - INCLUDE ARE               | A CODE       | ļ          |          |