OHO DEPARTMENT  TRAFFIC CRASH REPORT  *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER *						
PHOTOS TAKE	X PHOTOS TAKEN OH -2 OH -3 LOCAL INFORMATION POE ROAD						22-8676						
I <u> </u>	Пон-1Р Г	OTHER REP	ORTING AGENCY NAME *	NCIC *	HIT/SKIP 1 · SOLVED	NUMBER OF UN	OO ANIIAANI						
SECONDARY C	PRIVATE PRO	PERTY MOI	ntville Police Department	<u></u>	2 - UNSOLVED	1	98 99 - UNKNOWN						
COUNTY* LOCA	ITY* LOC	ATION: CITY. VIL	LAGE. TOWNSHIP*		CRASH DATE	CRASH SEVERITY							
52   3	A 1001100	ntville (Tow	02/16/2022 07:54 5 1 - FATAL 2 - SERIOUS INJ										
ROUTE TYPE RO	JTE NUMBER PREFIX 1	- NORTH LOC	ROAD TYPE	LATITUDE DE	SUSPECTED								
ГОСАТІ	13	- SOUTH	<b>1</b> 0		l RD	41.0917	3 - MINOR INJURY SUSPECTED						
ROUTE TYPE RO		- MF21	ERENCE ROAD NAME (ROAD, N	MILEPOST HOUSE #)	ROAD TYPE	LONGITUDE D	4 - INJURY POSSIBLE						
RENGE THE ME	2	- SOUTH		WILLI 031, 11003L ")	, KOAD TITE	-81.848		5 - PROPERTY DAMAGE					
REF	4	- WEST	124 Poe Road			-01.046		ONLY					
REFERENCE POINT 1 - INTERSECT	FROM REFERENC	CE Internation	ROUTE TYPE	ROAD TYPE - ALLEY HW - HIGHWA	/ RD - ROAD	1	INTERSECTION						
3 12 - MILE POST	I - NO	лн І	lav	- AVENUE LA - LANE	SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH							
3 - HOUSE #	4 - WES	ет П		BOULEVARD MP - MILEPOS	11 P. C. P. C. L. GARGESTON CO. B. C.	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASU	_		CT COURT OF PARKWAY TI TRAIL				ROADWAY					
1.	1 - MIL	ES CINE	WA - WAY	ROADWAY DIVIDED									
	3 - YAF			The state of the s									
1 - ON RO	ATION OF FIRST HARM	<b>AFUL EVENT</b> ROSSOVER		NER OF CRASH COLLISION/II		DIRECTION OF TRAN		MEDIAN TYPE					
1 1 12-0N SI		DRIVEWAY/ALLE	Y ACCESS   1 BETW	VEEN 5 - BACKING	`	1 - NORTH 2 - SOUTH		IVIDED FLUSH MEDIAN <4 FEET )					
3 - IN ME 4 - ON RO		RAILWAY GRADE SHARED USE PA	1,000	MOTOR CLES IN 6 - ANGLE		3 - EAST	IVIDED FLUSH MEDIAN						
5 - ON GO		TRAILS	TRAN	VSPORT 7 - SIDESWIPE, SA		4 - WEST		≥4 FEET ) IVIDED, DEPRESSEÐ MEDIAN					
	DE TRAFFIC WAY 13 - E	BIKE LANE TOLL BOOTH	2 - REAF 3 - HEAI	K-END				- DIVIDED, RAISED MEDIAN (ANY TYPE)					
7 - ON RA 8 - OFF RA		OTHER / UNKNO		5 0 (min, 5 min			- N	THER / UNKNOWN					
WORK ZONE RE	LATED		VORK ZONE TYPE	LOCATION OF CRASH II	WORK ZONE	CONTOUR	CONDITIO	ONS SURFACE					
		1 - LAN	NE CLOSURE	1 - BEFORE THE 15		111	11	, 2 ,					
WORKERS PRES			NE SHIFT/ CROSSOVER	WARNING SIGN 2 - ADVANCE WAI		1 - STRAIGHT	1 - DRY	1 - CONCRETE					
LAW ENFORCEM	MENT PRESENT		ORK ON SHOULDER MEDIAN	3 - TRANSITION A		LEVEL	2 - WET	2 - BLACKTOP, BITUMINOUS,					
D ACTIVE SCHOOL	ZONE	-	ERMITTENT OR MOVING WORK	4 - ACTIVITY AREA 5 - TERMINATION	ADEA	2 - STRAIGHT GRADE	3 - SNOW 4 - ICE	ASPHALT					
ACTIVE SCHOO	- ZONE	5 - OTI	HER	3 TERRATION		3 - CURVE LEVEL 4 - CURVE GRADE	5 - SAND, MUD OIL, GRAVE						
	GHT CONDITION		1 - CLEAR	WEATHER 6 - SNOW		9 - OTHER	6 - WATER (STA	nding, stone					
1	1 - DAYLIGHT 1 2 - DAWN/DUSK			7 - SEVERE CROSSWINDS		JUNKNOWN	MOVING) 7 - SLUSH	5 - DIRT 9 - OTHER					
L 3 - DARK - LIGHTED ROADWAY				8 - BLOWING SAND, SOIL, DI			9 - OTHER / UN	KNOWN / UNKNOWN					
	- Roadway not light - Unknown Roadwa'	- I	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZ 99 - OTHER / UNKNOWN	ING DRIZZLE								
9 - OTHER	/ UNKNOWN			_				_					
NARRATIVE													
I .			of 4424 Poe Road when a eer, causing minor damage	l l		Λ.	A TA C	00/0					
vehicle and killi		Struck tile de	eer, cadsing millor damage	s to the		11	ot To S	Cale					
					_	- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2-	and the control of th						
			-										
			-	Dec Beed									
				)*	Poe Road								
					-		Prof.						
					∫								
					Road								
							5.9						
CRASH REPORTED DATE / TIME			PATCH DATE / TIME	ARRIVAL DATE / T	ME I	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY					
		İ	2/16/2022 07:57	02/16/2022 08	02/16/202		POLICE AGENCY						
02/16/2022 07:54							11.	MOTORIST					
TOTAL TIME OTHER TOT ROADWAY CLOSED INVESTIGATION TIME MINU			OFFICER'S NAME* Percy, Richard		CHECKED BY OFFICE Searle, Cory	K 2 NAME.	L#160	SUPPLEMENT					
	!		OFFICER'S BAD	<del></del>		OFFICER'S BADGE I	<del>// //</del>	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
0	23	50	161	11		1605							

LOCAL REPORT NUMBER OHO DEPARTMENT UNIT 22-8676 DAMAGE OWNER PHONE:INCLUDE AREA CODE ( SAME AS DRIVER) OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER) DAMAGE SCALE WEHRLI, GAY 3 - FUNCTIONAL DAMAGE 1 - NONE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ] SAME AS DRIVER) 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 26945 WESTWOOD LANE, OLMSTED FALLS, OH, 44138 9 - LINKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY VEHICLE IDENTIFICATION # LP STATE LICENSE PLATE # VEHICLE YEAR VEHICLE MAKE LEXUS JMD2550 2T2BZMCA9HC1330<u>6</u>9 2017 OH INSURANCE COMPANY INSURANCE POLICY # VEHICLE MODEL COLOR X INSURANCE STATE FARM D25 9662-A16-35 SIL RX TOWED BY: COMPANY NAME TYPE of USE US DOT# COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR # OCCUPANTS INTERLOCK PLACARD ID # 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. DEVICE HIT/SKIP UNIT RELEASED EQUIPPED PLACARD 3 - > 26K LBS. 23 - PEDESTRIAN/SKATER 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 2 - PASSENGER VAN 13 - SNOWMOBILE 7 - MOTORCYCLE 2-WHEELED 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT 25 - OTHER NON-MOTORIST 20 - OTHER VEHICLE UNIT TYPE 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE TRUCK 21 - HEAVY EQUIPMENT 26 - BICYCLE 15 - SEMI-TRACTOR 10 - MOPED OR MOTORIZED 27 - TRAIN 22 - ANIMAL WITH RIDER OR 16 - FARM EQUIPMENT 4 - PICK UP BICYCLE ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP 17 - MOTORHOME 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE # of TRAILING UNITS 0 WAS VEHICLE OPERATING IN AUTONOMOUS 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 0 - NO AUTOMATION MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION MODE LEVEL 21 - MAIL CARRIER 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 99 - OTHER / UNKNOWN 7 - BUS - INTERCITY 2 - TAXI 12 - MILITARY 17 - MOWING 1 18 - SNOW REMOVAL 3 - ELECTRONIC RIDE 8 - BUS - SHUTTLE 13 - POLICE SHARING 19 - TOWING 14 - PUBLIC UTILITY SPECIAL 9 - BUS - OTHER 4 - SCHOOL TRANSPORT 20 - SAFETY SERVICE 15 - CONSTRUCTION EQUIP. FUNCTION 10 - AMBULANCE 5 - BUS - TRANSIT/COMMUTER PATROL 99 - OTHER / UNKNOWN 1 - NO CARGO BODY TYPE / NOT APPLICABLE 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 4 - LOGGING 1 5 - INTERMODAL 12 - CONCRETE MIXER 8 - POLE 2 - BUS CONTAINER CHASSIS CARGO 13 - AUTO TRANSPORTER 9 - CARGO TANK 3 - VEHICLE TOWING - CARGOVAN BODY 14 - GARBAGE/REFUSE 10 - FLAT RED /ENCLOSED BOX ANOTHER MOTOR VEHICLE 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 2 - HEAD LAMPS 10 - DISABLED FROM PRIOR 8 - TRAILER EQUIPMENT 5 - STEERING VEHICLE DEFECTIVE ACCIDENT 6 - TIRE BLOWOUT 3 - TAIL LAMPS DEFECTS - NO DAMAGE [ 0 ] - UNDERCARRIAGE [ 14 ] 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN - INTERSECTION -MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 4 - MIDRIOCK -\_\_\_- ALL AREAS [ 15 ] ☐. TOP { 13 ] 11 - SHARED USE PATHS MARKED CROSSWALK 8 - SIDEWALK INTERSECTION -5 - TRAVEL LANE OR TRAILS 9 - MEDIAN/CROSSING - UNIT NOT AT SCENE [ 16 ] UNMARKED CROSSWALK OTHER LOCATION 12 - FIRST RESPONDER MOTORIST LOCATION ISLAND AT INCIDENT SCENE 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 21 - STANDING OUTSIDE 9 - LEAVING TRAFFIC LANE 1 - STRAIGHT AHEAD 15 - WALKING, RUNNING, INITIAL POINT OF CONTACT 1 - NON-CONTACT JOGGING, PLAYING DISABLED VEHICLE 2 - BACKING 14 - UNDERCARRIAGE 0 - NO DAMAGE 2 - NON-COLLISION 3 - CHANGING LANES 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN 1 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 3 11 - SLOWING OR STOPPED IN TRAFFIC - OVERTAKING/PASSING 17 - PUSHING VEHICLE 12 3 - STRIKING PRE-CRASH 5 - MAKING RIGHT TURN 18 - APPROACHING OR DIAGRAM ACTION ACTIONS
5 - BOTH STRIKING 99 - UNKNOWN 4 - STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS LEAVING VEHICLE 13 - TOP 19 - STANDING 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE & STRUCK 20 - OTHER NON-MOTORIST 8 - ENTERING TRAFFIC 14 - ENTERING OR CROSSING TRAFFIC LANE SPECIFIED LOCATION 9 - OTHER / UNKNOWN 8 - FOLLOWING TOO CLOSE 13 - IMPROPER START FROM 18 - OPERATING DEFECTIVE 23 - OPENING DOOR INT TRAFFICWAY FLOW 1 - NONE TRAFFIC CONTROL A PARKED POSITION EQUIPMENT ROADWAY 2 - FAILURE TO YIELD /ACDA 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 19 - LOAD SHIFTING 99 - OTHER IMPROPER 3 - RAN RED LIGHT 9 - IMPROPER LANE 14 - STOPPED OR PARKED 2 - TWO-WAY 2 - SIGNAI 5 - YIELD SIGN CHANGE ILLEGALLY /FALLING/SPILLING 4 - RAN STOP SIGN 2 6 1 3 - FLASHER 6 - NO CONTROL 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 5 - UNSAFE SPEED CONTRIBUTING 6 - IMPROPER TURN CIRCUMSTANCES 7 - LEFT OF CENTER 21 - LYING IN ROADWAY 11 - DROVE OFF ROAD 16 - WRONG WAY RAIL GRADE CROSSING 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE # of THROUGH LANES ON ROAD 1 - NOT INVLOVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 3 - INVOLVED-PASSIVE CROSSING **EVENTS** 12 - DOWNHILL RUNAWAY 19 - ANIMAL -OTHER
13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 23 - STRUCK BY FALLING. 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 18 2 - FIRE/EXPLOSION SHIFTING CARGO OR ANYTHING SET IN 8 - RAN OFF ROAD RIGHT UNIT / NON-MOTORIST DIRECTION - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN TRANSPORT MOTION BY A MOTOR 5 - NORTHEAST 21 - PARKED MOTOR 1 - NORTH IACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE VEHICLE 24 - OTHER MOVABLE VEHICLE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 17 - ANIMAL - FARM 22 - WORK ZONE LOSS OR SHIFT OPPOSITE DIRECTION 3 - EAST 7 - SOUTHEAST OBJECT MAINTENANCE EQUIPMENT OF TRAVEL FROM | 3 \_\_\_\_\_ то \_\_\_\_\_\_\_\_ 6 - EQUIPMENT FAILURE 18 - ANIMAL - DEFR 4 - WES1 8 - SOUTHWEST 9 - OTHER / UNKNOWN COLLISION WITH FIXED OBJECT - STRUCK END 38 - OVERHEAD SIGN POST 45 - EMI ARRIER 39 - LIGHT / LUMINARIES 46 - FEN

45 - EMBANKMENT 46 - FENCE

48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE

EQUIPMENT

MAINTENANCE

47 - MAILBOX

51 - WALL

52 - BUILDING 53 - TUNNEL

54 - OTHER FIXED

OBJECT 99 - OTHER / UNKNOWN

UNIT SPEED

40

POSTED SPEED

45

31 - GUARDRAIL END 32 - PORTABLE BARRIER

35 - MEDIAN CONCRETE

37 - TRAFFIC SIGN POST

BARRIER

BARRIER

33 - MEDIAN CABLE BARRIER

- MEDIAN GUARDRAIL

36 - MEDIAN OTHER BARRIER

SUPPORT

40 - UTILITY POLE

42 - CHIVERT

MOST HARMFUL EVENT

41 - OTHER POST, POLE

OR SUPPORT

25 - IMPACT ATTENUATOR

/ CRASH CUSHION

26 - BRIDGE OVERHEAD

STRUCTURE

27 - BRIDGE PIER OR ABUTMENT

28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE

FIRST HARMFUL EVENT

DETECTED SPEED

| 2 - CALCULATED / EDR

3 - UNDETERMINED

1 - STATED / ESTIMATED SPEED

OHIO DE	OF PUBLIC BASTITI  MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER 22–8676								
UNIT #								+	22-8070  DATE OF BIRTH AGE GEND								
1	WEHRLI, GAY							12/08/1966				55	F				
ADDRESS	STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE							
<b>ខ្មី</b> 26945 V	WESTWOO	D LA	NE, OLMSTED FALLS, OH	, 4413	8												
INJURIES 5	RIES INJURED EMS AGENCY (NAME) TAKEN				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMEN USED		DOT-COMPLIANT POSITION		AIR BA	G USAGE	EJECTION	TRAPPED		
5 	BY 1							,	4	_	MC HELMET 1			1 1 1			
OL STATE	ATE OPERATOR LICENSE NUMBER					OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION	PTION			CITATION NUMBER			
OH OH		•								ALCOHOL TEST			DRUG TEST(S)				
OL CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3	DRIV	RACTED	ALCO!	HOL / DRUG SUSPI		CONDITION	STATUS	TYPE	VALUE	STATUS	TYPE		SELECT UP TO 4	
4			3	BY .	l	ОТНЕ	R DRUG		1	1	1		1	1			
UNIT #	NAME: LAS	ST, FIR	ST, MIDDLE									DATE OF BIRTH			AGE	GENDER	
	<u></u>								-								
ADDRESS	: STREET, CITY	, STAT	E, ZIP							CON.	TACT PH	ONE - INCLUDE	AREA CODE				
9	INJURED		A	-	IMILIBED T	AVEN TO: B	REGICAL FACILITY (MANGE	curv\	SAFETY EQUIPMEN	T .		SEATING	AIR BA	G USAGE	EJECTION	TRAPPED	
INJURIES	TAKEN BY	FM2	AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			USED		DOT-COMPLIANT POSITION							
	OPERATOR	LICEN	ISE NUMBER		OFFENS	E CHARG	ED	LOCAL	OFFENSE DESC	RIPTION					CITATION NUMBER		
OK STATE								COPE									
OL CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3	DRIV	ER	ALCO	OL / DRUG SUSPI	CTED	CONDITION	Α	ALCOHOL TEST		DRU		JG TEST(S)		
					RACTED	ALCO		JANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4	
<u></u>	<u> </u>					OTHE	R DRUG			<u> </u>	l			<u> </u>	AGE	GENDER	
UNIT #	NAME; LAS	ST, FIR	ST, MIDDLE									DATE OF BIRTH			AGE	GENDER	
- ADDRESS	STREET, CITY	STAT	F 7ID			_				CON	TACT PH	ONE - INCLUDE .	AREA CODE	!_			
ORIS	, STREET, CIT	, 5,,,,,	-, Z.i.														
OF STATE	INJURED	EMS	AGENCY (NAME)		INJURED T	AKEN TO: P	MEDICAL FACILITY (NAME,	CITY)	SAFETY EQUIPMEN		Т-Сомры	SEATING ANT POSITION	AIR BA	G USAGE	EJECTION	TRAPPED	
NON	TAKEN BY									LIMC HELMET							
OL STATE	OPERATOR	LICEN	ISE NUMBER		OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	RIPTION	PTION			CITATION NUMBER				
<u> </u>												DRUG TEST(S)					
OL CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3	DRIV	'ER RACTED	ALCOH ALCO	HOL / DRUG SUSPI		CONDITION	STATUS	TYPE	OL TEST VALUE	STATUS	TYPE		SELECT UP TO 4	
		- 1		ву		=	R DRUG										
, INJ	URIES		SEATING POSITION	A	IR BAG		OL CLA	ss	OL RESTRI	TION(S	) DR	IVER DISTRA	CTION	T	EST STA	TUS	
1 - FATAL 2 - SUSPECTED		. 1	(MOTORCYCLE DRIVER) 2 -		ED FRONT		1 - CLASS A		1 - ALCOHOL INTE	RLOCK	2-1	NOT DISTRACTED MANUALLY OPERA	TING AN		ie given Refused		
INJURY		3	- FRONT - RIGHT SIDE 4 -	DEPLOY	ED SIDE ED BOTH		2 - CLASS B 3 - CLASS C		2 - CDL INTRASTA 3 - CORRECTIVE LI		:	.ectronic Communication	DEVICE	Comment of the contract of the	TAMINATE	D SAMPLE	
3 - SUSPECTED INJURY			(MOTORCYCLE PASSENGER) 5 -		PLICABLE	410UNI	4 - REGULAR CLA	SS	4 - FARM WAIVER 5 - EXCEPT CLASS		i i i	FEXTING, TYPING, ITALING) ALKING ON HANI	S-FRFF	4 - TEST			
4 - Possible ii 5 - No appari		6	- SECOND - RIGHT SIDE	DEPLOT	MENT UNI	KNOWN	(OHIO = D) _ 5 - M/C MOPED (	ONLY	6 - EXCEPT CLASS & CLASS B BU 7 - EXCEPT TRACT		C	OMMUNICATION ALKING ON HAND	DEVICE	5 - TEST			
INJURIES	S TAKEN B	v	- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	E NOT EJE	ECTION		6 - NO VALID OL		8 - INTERMEDIATE RESTRICTIONS		5 - C	OMMUNICATION OTHER ACTIVITY W	ITH AN		ILTS UNKN	ST TYPE	
1 - NOT TRAN	NSPORTED	9 9	- THIRD - RIGHT SIDE 2-	PARTIAL	LY EJECTED Y EJECTED		OL ENDORS	EMENT	9 - LEARNER'S PER RESTRICTIONS		6 - F	LECTRONIC DEVIC		1 - NON 2 - BLOC	E		
2 - EMS	AT SCENE		OF TRUCK CAB 4+		PLICABLE		H - HAZMAT ■ M - MOTORCYCL	F	10 - LIMITED TO D		i i i	OTHER DISTRACTION  VISIDE THE VEHICLE  OTHER DISTRACTION	E	3 - URIN 4 - BREA	Œ		
3 - POLICE			OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 1-	T NOT TR	RAPPED APPED		P - PASSENGER		11 - LIMITED TO E 12 - LIMITED - OTI 13 - MECHANICAL	IÊR	C	OUTSIDE THE VEHI OTHER / UNKNOW	CLE	5 - OTH			
9 - OTHER / L		<b>-</b> 12	BUS, PICK-UP WITH CAP) 2 -	EXTRICA		NS	N - TANKER Q - MOTOR SCO	OTFR	(SPECIAL BRA	(ES, HAND		CONDITIO		DR 1 - NON	ug tes E	ГТҮРЕ	
1 - NONE USE	QUIPMEN D		UNENCLOSED CARGO AREA 3 -	FREED B			R - THREE-WHEE		ADAPTIVE DE	/ICES)	γ. 2.P	PPARENTLY NORI HYSICAL IMPAIRM		2 - 8LOC 3 - URIN	IE .		
2 - SHOULDER USED		14	I - RIDING ON VEHICLE EXTERIOR		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MOTORCYCLI S - SCHOOL BUS		15 - MOTOR VEHI WITHOUT AIR	CLES BRAKES	3 - E	MOTIONAL (E.G., EPRESSED, ANGRY,		4 - OTH		ESULT(S)	
3 - LAP BELT O 4 - SHOULDER			(NON-TRAILING UNIT) 5 - NON-MOTORIST				T - DOUBLE & TR TRAILERS	IPLE	16 - OUTSIDE MIR 17 - PROSTHETIC / 18 - OTHER		<b>4</b> - 11	STURBED) LNESS		1 - AMP	HETAMINE		
USED 5 - CHILD REST		St. 21 (2.5)	- OTHER/UNKNOWN				X - TANKER / HA	ZMAT	i v viiek		F,	ELL ASLEEP, FAINT ATIGUED, ETC.		3 - BENZ	ITURATES ODIAZEPII		
- FORWARD 6 - CHILD REST	TRAINT SYSTEM						GENDE	R	164		N	INDER THE INFLUI IEDICATIONS / DR LCOHOL		5 - CÓC			
- REAR FAC 7 - BOOSTER S	EAT						F - FEMALE M - MALE					THER / UNKNOW	N	7 - OTH			
8 - HELMET US 9 - PROTECTIV	E PADS USED						U - OTHER / UNK	NOWN						0 + NEG/	ATIVE RESU	rlo.	
(ELBOWS, I 10 - REFLECTIV 11 - LIGHTING																	
/ BICYCLE 99 - OTHER/L	ONLY					102											

OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER 22-8676					
UNIT #		ST, FIRST, MIDDLE	DA	AGE	GENDER						
ADDRESS:	STREET, CIT	Y, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT #	NAME: LA	ST, FIRST, MIDDLE	DA		AGE	GENDER					
ADDRESS:	STREET, CIT	Y, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT #	NAME: LA	ST, FIRST, MIDDLE	· · · · · · · · · · · · · · · · · · ·	<u> </u>	DA		AGE	GENDER			
ADDRESS:	STREET, CIT	r, state, zip			CONTACT PHONE	- INCLUDE AR	EA CODE	[			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO. MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT POSITION AIR BAG U		AIR BAG USAGE	EJECTION	TRAPPED		
UNIT #		ST, FIRST, MIDDLE			DA	TE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CIT	r, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE								
-	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
3 - SUS 4 - POS 5 - NO 1 - NOT TRE/ 2 - EMS 3 - POL 9 - OTH	PECTED N SSIBLE INJ APPAREN INJURE T TRANSP ATED AT: S ICE HER / UNK GI MALE	3 - LAP BE	3 - FROM   3 - FROM   4 - SECO   4 - SECO   6 - SECO	NT - MIDDLE NT - RIGHT SIDE ND - LEFT SIDE FORCYCLE PASSE DND - MIDDLE DND - RIGHT SIDE TORCYCLE SIDE CO D - MIDDLE D - RIGHT SIDE EPER SECTION O SSENGER IN OTH RGO AREA (NON-T CH AS ABUS, PICK-U SSENGER IN UNE RGO AREA INING UNIT ING ON VEHICLE N-TRAILING UNIT) N-MOTORIST HER / UNKNOWN	E FTRUCK CAB ER ENCLOSED RAILING UNIT P WITH CAP) NCLOSED EXTERIOR	4 - DEPLO FRON 5 - NOT 9 - DEPLO 1 - NOT 2 - PART 3 - TOTA 4 - NOT 2 - EXTR MECH 3 - FREEL 3 - FREEL 3 - FREEL 3 - FREEL 1	IALLY EJECTI LLY EJECTED APPLICABLE TRAPP TRAPPED ICATED BY HANICAL ME	KNOWN DN ED ED ED ANS			
NAME: LA	ST, FIRST, MI	DDLE			DA	TE OF BIRTH		AGE	GENDER		
ADDRESS	STREET, CIT	Y, STATE, ZIP			CONTACT PHONE	- INCLUDE AR	EA CODE				
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH					
ADDRESS	: STREET, CIT	Y, STATE, ZIP		<u>_</u>	CONTACT PHONE	- INCLUDE AR	EA CODE				
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH					
ADDRESS	: STREET, CIT	Y, STATE, ZIP			CONTACT PHONE	- INCLUDE AR	EA CODE	_:			