OHIO DEPARTM OF PUBLIC SAF	<u> </u>	LOCAL REPORT NUMBER * 22-9249									
PHOTOS TAKE	N OH -2	OH -3 LOCA									
SECONDARY	RASH PRIVATE PRO	<b>1</b> 0	rTING AGENCY NAME * tville Police Department	1	NCIC * 05213 I	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNIT	98 - ANIMAL 98   99 - UNKNOWN			
COUNTY* LOCA	<del></del>	CATION: CITY, VILL	<u>-</u>			CRASH DATE	/ TIME*	CRASH SEVERITY			
52 3	2 - VILLAGE MC	ontville (Town	<del>-  </del>	02/19/2022	03:14	2 - SERIOUS INJURY					
ROUTE TYPE RO		1 - NORTH LOCA 2 - SOUTH 3 - EAST	ATION ROAD NAME	ROAD TYPE	LATITUDE DE 41.0625		SUSPECTED  3 - MINOR INJURY SUSPECTED				
PROUTE TYPE RO	3/ []	4 - WEST	RENCE ROAD NAME (ROAD, N	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE			
EFEREN		2 - SOUTH	59 Wadsworth Rd.		İ	-81.8022	220	5 - PROPERTY DAMAGE ONLY			
REFERENCE POI	NT DIRECTION	Y CE	ROUTE TYPE	ROAD TYPE			INTERSECTION F				
1 - INTERSECT	1 - NO.	UTH	DAI HE DOLLTE AV	- ALLEY HW - HIGHWAY - AVENUE LA - LANE	SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3 - HOUSE #	4 - WE	ST SR - STAT	E ROUTE CR	BOULEVARD MP - MILEPOST - CIRCLE OV - OVAL	T ST = STREET TE = TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE	1 - MII	LES	DR	- COURT PK - PARKWAY - DRIVE PI - PIKE	TL - TRAIL WA - WAY	ROADWAY  ROADWAY DIVIDED					
5.00	2 - FEE	RDS ROU	TE III	- HEIGHTS PL - PLACE		<u> </u>	<del></del>				
1 - ON R		ROSSOVER	1 - NOT	NER OF CRASH COLLISION/IM COLLISION 4 - REAR-TO-REAR	PACT	DIRECTION OF TRAV 1 - NORTH		MEDIAN TYPE DED FLUSH MEDIAN			
2 - ON S 3 - IN ME	DIAN 11 - 1	DRIVEWAY/ALLEY RAILWAY GRADE	CROSSING TWO	VEEN 5 - BACKING MOTOR 6 - ANGLE CLES IN		2 - SOUTH 3 - EAST	B 1 1	( <4 FEET ) DIVIDED FLUSH MEDIAN			
4 - ON R0 5 - ON G	ORE	SHARED USE PATI TRAILS	TRAN	VSPORT 7 - SIDESWIPE, SAM		4 - WEST	3 - DIVI	( ≥4 FEET ) 3 - DIVIDED, DEPRESSED MEDIAN			
7 - ON R/		BIKE LANE TOLL BOOTH	2 - REAF 3 - HEAG	(-END			(AN)	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)			
8 - OFF R	AMP 99 - 0	OTHER / UNKNO\		1		CONTOUR	9 - OTH CONDITION	ER / UNKNOWN S SURFACE			
WORK ZONE R			<b>ORK ZONE TYPE</b> E CLOSURE	LOCATION OF CRASH IN 1 - BEFORE THE 1ST		11	1 1 <sub>1</sub>	121			
LAW ENFORCE			E SHIFT/ CROSSOVER RK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARN		1 - STRAIGHT	1 - DRY	1 - CONCRETE			
		U OR N	MEDIAN REMITTENT OR MOVING WORK	3 - TRANSITION AR 4 - ACTIVITY AREA	EA	2 - STRAIGHT GRADE	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS, ASPHALT			
ACTIVE SCHOO	DL ZONE	5 - OTH		5 - TERMINATION A	REA	3 - CURVE LEVEL	4 - ICE 5 - SAND, MUD, D OIL, GRAVEL	2 224 24 24 24			
L 1 - DAYLI	IGHT CONDITION GHT		1 - CLEAR	WEATHER 6 - SNOW		4 - CURVE GRADE 9 - OTHER	6 - WATER (STAND MOVING)	CTONE			
4 2 - DAWN 3 - DARK	I/DUSK - LIGHTED ROADWAY		1 2 - CLOUDY	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIR	T SNOW	/UNKNOWN	7 - SLUSH 9 - OTHER / UNKN	9 - OTHER			
	- ROADWAY NOT LIGHT		4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZIN 99 - OTHER / UNKNOWN			3 - OTHER / ONKIN	i i			
	R / UNKNOWN		J - SEELI, HAIL	33 - OTTLERY CHARACTER							
NARRATIVE	rthhound on Wadsw	vorth Road (SR	R57) when a deer came fro	om the	1 1	1	â				
right side of the	e roadway. Unit #1 v	was unable to	avoid the deer and collide	ed with it.			N				
The venicle sus	tained funtional dan	nage but was i	able to be driven from the	e scene.							
				R 57)							
				Wadsworth Road (SR 57							
				dsworth		Ann.					
				, A8				a produce and the second secon			
					-		759 Wadswor				
							739 WALLSWOT	<u></u>			
					l I	Lucananama madas	To Scale				
ŀ	TED DATE / TIME		ATCH DATE / TIME	ARRIVAL DATE / TIN		SCENE CLEARED DATE / TIME REPOR					
02/19/2 TOTAL TIME	2022 03:14 OTHER		19/2022 03:14 OFFICER'S NAME*	02/19/2022 03:2	20 02/19/2022 03:31 HECKED BY OFFICER'S NAME*			MOTORIST			
	OTHER INVESTIGATION TIME	TOTAL MINUTES	Denton, Zachary	t e	earle, Cory	(Sep	SUPPLEMENT (CORRECTION OR ADDITION				
OFFICER'S BADGE NUMBER* 17 1614				CHECKED BY OFFICER'S BADGE NUMBER* (CORRECTION. TO AN EXISTING RI ODPS)  1605							

1 FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

## LOCAL REPORT NUMBER

## 22-9249

								22-9249				
l 1	OWNER NAME: LAST, FIRST,	MIDDLE (□ SAME AS DRIV	(ER)	OWNER	PHONE:INCLUDE ARE	A CODE ( SAME AS DRIVER)		D A M A G E  DAMAGE SCALE				
	MORGAN, JARED, S DDRESS: STREET, CITY, STATE, Z	IP / IT SAME AS DRIVED					1 - NONE	3 - FUNCTIONAL DAMAGE				
1	INGBROOK DR. #203,		44256				3 2 - MINOR DA					
COMMERC	CIAL CARRIER: NAME, ADDRES	S, CITY, STATE, ZIP		Cor	MMERCIAL CARRIER PHO	ONE: INCLUDE AREA CODE	9 - UNKNOWN  DAMAGED AREA(S)					
LD CTATE	LICENSE PLATE #	VEL	IICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	INDI	CATE ALL THAT APPLY				
OH	JJD3872		1B11HK2JU032794		2018	TOYOTA	<i></i>	12				
	INSURANCE COMPA	NY	INSURANCE POLICY #	-	COLOR	VEHICLE MODEL	11 (2) (1)	" " " " " " " " " " " " " " " " " " " "				
VERIFIE	PROGRESSIVE		939986399		BLK	CAMRY	10	10				
	TYPE OF USE		US DOT #	TOW	ED BY: COMPANY NA	ME	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c					
СОММЕ	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE			HAZARDOUS	MATERIAL	9 9 3					
INTERL		# OCCUPANTS	/EHICLE WEIGHT GVWR/GCWF 1 - ≤10K LBS.	H⊟∾	IATERIAL CLAS		[ ,	これでは、これでは、これには、これには、これには、これには、これには、これには、これには、これに				
DEVICE EQUIPP			2 - 10.001 - 26K LBS. 3 - > 26K LBS.		ELEASED LACARD [			12 7 6				
		N (9-15 SEATS)	12 - GOLF CART 18 - I	IMO (LIVE	RY VEHICLE) 23 -	PEDESTRIAN/SKATER	6	11 12 6				
1 1	(MINIVAN) 8 - M	OTORCYCLE 2-WHEELEE OTORCYCLE 3-WHEELEE	A CHICLEUNIT	-	•	WHEELCHAIR (ANY TYPE) OTHER NON-MOTORIST	10/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
UNIT TYP	F 3 - SPORT UTILITY 9 - AL	TOCYCLE	TRUCK 21 - 1	OTHER VEH HEAVY EQU		BICYCLE	,—	10 2				
	10 - N	IOPED OR MOTORIZED CYCLE	16 EADM COULDMENT 22-1			rain	\ <u> </u>	a <b>n</b> 4 🚽				
	5 - CARGO VAN 11 - A	LL TERRAIN VEHICLE	17 - MOTORHOME	ANIMAL-DI	NAWN VEHICLE 99-1	JNKNOWN OR HIT/SKIP	8	7 5 4				
L	# of TRAILING UNITS	utv)					12	12				
	WAS VEHICLE OPERATING IN A	JTONOMOUS	0 - NO AUTOMATION 3	- CONDITI	ONAL AUTOMATION	9 - UNKNOWN						
	MODE WHEN CRASH OCCURRE				TOMATION		10	10 11 2				
2	1-YES 2-NO 9-OTHER/L		DMOUS 2 - PARTIAL AUTOMATION 5	- FULL AU	TOMATION			3 9 3 3				
		6 - BUS - CHARTER/		16 5		21 - MAIL CARRIER						
	1 - NONE 2 - TAXI	7 - BUS - INTERCITY	TOUR 11 - FIRE 12 - MILITARY	16 - FA 17 - M	OWING	99 - OTHER / UNKNOWN	8 / 1 5	8 7 7 4				
	3 - ELECTRONIC RIDE	8 - BUS - SHUTTLE	13 - POLICE		NOW REMOVAL		7	7 5				
SPECIAL	SHARING 4 - SCHOOL TRANSPORT	9 - BUS - OTHER 10 - AMBULANCE	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUI		OWING AFETY SERVICE		•	<b>V</b>				
101101	5 - BUS - TRANSIT/COMMUTER	10 - AINDOLAITEE			TROL			12 12 12				
. 1	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - D		99 - OTHER / UNKNOWN	12					
CARGO	/ NOT APPLICABLE 2 - BUS	5 - INTERMODAL CONTAINER CHA	8 - POLE SSIS 9 - CARGO TANK		ONCRETE MIXER UTO TRANSPORTER		8 M 8.	1 3 9 1 3 9 1 3 3 1 3 3 3 3 3 3 3 3 3 3				
BODY	3 - VEHICLE TOWING	6 - CARGOVAN	10 - SLAT RED		ARBAGE/REFUSE		I 'KVA, ;					
TYPE	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX					6	Ţ jej				
L	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT		TOR TROUBLE SABLED FROM PRIOR	99 - OTHER / UNKNOWN		6 6 6				
VEHICLE DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE		CCIDENT		_	-				
DEFECTS							☐- NO DAMAG	E[0] UNDERCARRIAGE[14]				
1	1 - INTERSECTION - I MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSS	7 - SHOULDER/ROADSIDE SWALK 8 - SIDEWALK		RIVEWAY ACCESS HARED USE PATHS	99 - OTHER / UNKNOWN	. TOP [ 13 ]	ALL AREAS [ 15 ]				
NON- MOTORIST	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATIO	D MEDIANI/CDOSSING		R TRAILS RST RESPONDER		П.	UNIT NOT AT SCENE[ 16 ]				
LOCATION	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	ISLAND		INCIDENT SCENE							
	1 - NON-CONTACT	1 - STRAIGHT AHEAD 2 - BACKING	9 - LEAVING TRAFFIC LANE		ALKING, RUNNING, GGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE		AL POINT OF CONTACT				
. 3	2 - NON-COLLISION	3 - CHANGING LANE	S 10 - PARKED	16 - W	ORKING	99 - OTHER / UNKNOWN	0 - NO DAI					
L	3 - STRIKING PRE-CRASH	4 - OVERTAKING/PAS			JSHING VEHICLE PPROACHING OR		12 1-12 - REFE	R TO UNIT 15 - VEHICLE NOT AT SCENE RAM				
ACTION		6 - MAKING LEFT TU	RN 12 - DRIVERLESS		AVING VEHICLE		13 - TOP	99 - UNKNOWN				
	& STRUCK	7 - MAKING U-TURN 8 - ENTERING TRAFF			FANDING THER NON-MOTORIST							
	9 - OTHER / UNKNOWN	LANE	SPECIFIED LOCATION	10 0	COATING DEFECTIVE	23 - OPENING DOOR INTO		TRAFFIC				
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TOO /ACDA	CLOSE 13 - IMPROPER START FROM A PARKED POSITION	EQ	PERATING DEFECTIVE UIPMENT	ROADWAY	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN				
_	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY		AD SHIFTING ALLING/SPILLING	99 - OTHER IMPROPER ACTION	2 - TWO-WAY	_ 2 - SIGNA) 5 - VIELD SIGN				
	4 - RAN STOP SIGN 5 - UNSAFE SPEED	10 - IMPROPER PASS		20 - IM	PROPER CROSSING			6 - NO CONTROL				
CONTRIBUTI	ING 6 - IMPROPER TURN NCES 7 - LEFT OF CENTER	11 - DROVE OFF ROA			ING IN ROADWAY OT DISCERNIBLE		# of THROUGH LANES	RAIL GRADE CROSSING				
	7 - ELFT OF CLIVIER	- In North Bres					ON ROAD	1 - NOT INVLOVED				
SEQUENC	E OF EVENTS		EVENTS				2	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING				
. 18	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF U	NITS 12 - DOWNHILL RUNAWAY			3 - STRUCK BY FALLING,						
1	2 - FIRE/EXPLOSION 3 - IMMERSION	8 - RAN OFF ROAD RI 9 - RAN OFF ROAD LE			OTOR VEHICLE IN ANSPORT	SHIFTING CARGO OR ANYTHING SET IN	UNIT / N	ON-MOTORIST DIRECTION				
31	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE		ARKED MOTOR HICLE	MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHEAST				
	J − CARGO / EQUIPMENT     LOSS OR SHIFT	11 - CROSS CENTERLI OPPOSITE DIRECT		22 - W	ORK ZONE	24 - OTHER MOVABLE OBJECT	_	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST				
3	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER		AINTENANCE JUIPMENT		FROM 2 TO	4 - WEST 8 - SOUTHWEST				
	<del>-</del>		LLISION WITH FIXED OBJECT -	STRUCK		a Building		9 - OTHER / UNKNOWN				
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRI	ER 39 - LIGHT / LUMINARIES	46 - FE	NCE !	52 - BUILDING 53 - TUNNEL	UNIT SPEED	DETECTED SPEED				
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE 8		47 - M 48 - TR	EE	64 - OTHER FIXED OBJECT						
5	27 - BRIDGE PIER OR	BARRIER	41 - OTHER POST, POLE	49 - FII		99 - OTHER / UNKNOWN	45	1 - STATED / ESTIMATED SPEED				
	ABUTMENT 28 - BRIDGE PARAPET	35 - MEDIAN CONCRE BARRIER	42 - CULVERT	M	AINTENANCE QUIPMENT			2 - CALCULATED / EDR				
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER E 37 - TRAFFIC SIGN PO		51 - W			POSTED SPEED	3 - UNDETERMINED				

Or Publication	** OND DEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER 22-9249							
UNIT #									╁						GENDER	
1	MORGA	MORGAN, JARED, S								10/06/1998					23	М
	DRESS: STREET, CITY, STATE, ZIP								CONT	CONTACT PHONE - INCLUDE AREA CODE						
320 SPI	320 SPRINGBROOK DR. #203, MEDINA, OH, 44256 INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT								.	SEATING AIR BAG USAGE EJECTION TRAPPED						
N	ES INJURED EMS AGENCY (NAME) TAKEN				INJORED	TAKEN TO, MED	ICAL PACIEITS (NAME,	,	USED		T-COMPLIAN HELMET			1	1	
	BY 1	LICE	NSE NUMBER		OFFENS	SE CHARGED	1	LOCAL	4 OFFENSE DESCR			<u> </u>		ION NU	IMBER	1 1
OL STATI	OFERATOR	CEICEI	NSE NOWIDER		l orrent	JE CHARGED	•	CODE	OTTENSE SESEN	,,,,,,,,			""		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OL CLASS	ENDORSEN	MENT	RESTRICTION SELECT UP TO 3	DRI	VER ALCOHOL / DRUG SUSPECTED			CONDITION	А	ALCOHOL TEST			DRUG	TEST(	S)	
			New Section of To 5		<b>TRACTED</b>	Пчгсоно	L MARUU		1	STATUS	ТҮРЕ	VALUE	STATŲS	TYPE	RESULTS	SELECT UP TO 4
4		CT 510	CT MIDDLE	]	1	OTHER DRUG			[ 1 	1	ATE OF BIRTH	1	1	AGE	GENDER	
UNIT #	NAME: LA	S1, FIR	ST, MIDDLE								J	AIE OF BIKIN			AGE	GENDER
ADDRESS	STREET, CIT	Y, STA	TE, ZIP							CONT	ACT PHO	NE - INCLUDE A	AREA CODE			
<u> </u>			·		I				1	<u> </u>		CEATING	Laup pa	CHEACE	LEIECTION	TDARRED
MADDRESS OF STATE	INJURED TAKEN BY	EMS	AGENCY (NAME)		INJURED	TAKEN TO: MED	ICAL FACILITY (NAME, O	city)	SAFETY EQUIPMENT USED		T-COMPLIAN HELMET	SEATING POSITION	AIR BA	AIR BAG USAGE EJECTION TRA		
OL STATE	OPERATOR	LICE	NSE NUMBER		OFFENS	E CHARGED	)	LOCAL	OFFENSE DESCR	IPTION		<u> </u>	CITAT	CITATION NUMBER		
<u>orror</u>														-		
OL CLASS	ENDORSEN	1ENT	RESTRICTION SELECT UP TO 3	DRIV	VER ALCOHOL / DRUG SUSPECTED CONDI				CONDITION	A	TYPE	VALUE	DRUG TEST(S			SELECT UP TO 4
				ВҮ		OTHER D										
UNIT #	NAME: LA	ST, FIR	ST, MIDDLE						<u>.                                    </u>		D	ATE OF BIRTH			AGE	GENDER
ADDRESS	STREET, CIT	V STA	re 7ID							CONTACT PHONE - INCLUDE AREA CODE						
ORIS	STREET, CIT	1,316	, L, ZII							CONTACT FROME - INCLUDE AREA CODE						
NON	INJURED TAKEN BY	EMS	AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAGILITY (NAME, CITY)  SAFETY EQUIPMEN' USED			DOT-COMPLIANT POSITION MC HELMET			AIR BA	AIR BAG USAGE EJECTION TRAPPED		TRAPPED		
OL STATE	OPERATOR	LICE	NSE NUMBER		OFFENSE CHARGED LOCAL CODE			PTION			CITAT	CITATION NUMBER				
OL CLASS	ENDORSEN	IENT	RESTRICTION SELECT UP TO 3	DRIV	VER ALCOHOL / DRUG SUSPECTED CONDIT			CONDITION	ALCOHOL TEST				DRUG TEST(S)			
				DIST	TRACTED	ALCOHO	_	IANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4
 INJ	I URIES		SEATING POSITION		AIR BAC		OL CLAS	SS	OL RESTRIC	TION(S	DRI	VER DISTRA	CTION	ı	ST ST/	ATUS
1 - FATAL		1	TROINIT LET LAMPE	- NOT DE - DEPLOY	EPLOYED YED FRON	г 1	- CLASS A		1 - ALCOHOL INTER	RLOCK		OT DISTRACTED	TING AN		ie given Refused	
2 - SUSPECTED INJURY	SERIOUS		- FRONT - MIDDLE 3	- DEPLOY		2	- CLASS B - CLASS C		DEVICE 2 - CDL INTRASTAT 3 - CORRECTIVE LEI		ELE	CTRONIC MMUNICATION		3 - TEST	GIVEN,	D SAMPLE
3 - SUSPECTED INJURY			- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5		PPLICABLE	4	- CLA33 C - REGULAR CLA	SS	4 - FARM WAIVER 5 - EXCEPT CLASS A	BUS	אות	XTING, TYPING,	Se ener	/ UN 4 - TEST	USABLE GIVEN,	
4 - possible II 5 - no appari			- SECOND - MIDDLE 9. - SECOND - RIGHT SIDE	- DEPLOY	YMENT UN		· (OHIO = D) ·- M/C MOPED C	ONLY	6 - EXCEPT CLASS A & CLASS B BUS		ÇQ	LKING ON HANE MMUNICATION LKING ON HANE	DEVICE	5 - TEST		
IMILIBIE	TAKEN B	23	- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	No. of the Control	JECTIO	NI B	- NO VALID OL		7 - EXCEPT TRACTO 8 - INTERMEDIATE I RESTRICTIONS		co	MMUNICATION HER ACTIVITY W	DEVICE		LTS UNK	ST TYPE
1 - NOT TRAI	MICONIC COMMISSION	9	- THIRD - RIGHT SIDE 2		ECTED LLY EJECTE Y EJECTED		OL ENDORS	MENT	9 - LEARNER'S PERM RESTRICTIONS	AIT.	ELE 6 - PA	CTRONIC DEVIC SSENGER	E	1 - NON	É	
/TREATED 2 - EMS	AT SCENE		OF TRUCK CAB 4		PLICABLE	H	I - HAZMAT		10 - LIMITED TO DA ONLY		INS	HER DISTRACTION  SIDE THE VEHICL	É .	2 - BLOC 3 - URIN 4 - BREA	Ė	
3 - POLICE			1 - PASSENGER IN OTHER ENCLOSED CARGO	T NOT TR	RAPPE	D \$1	/ - MOTORCYCLI PASSENGER		11 - LIMITED TO EM 12 - LIMITED - OTH	ER 🗀	OU	HER DISTRACTIO ITSIDE THE VEHIO HER / UNKNOW	CLE	5 - OTHI	, 200	
9 - OTHER / I				- EXTRIC			1 - TANKER 2 - MOTOR SCOO	)TED	13 - MECHANICAL I (SPECIAL BRAK CONTROLS, OR	ES, HAND		CONDITIO		DRU 1 - NON		г түре
SAFETY E 1 - NONE USE	QUIPMEN D		UNENCLOSED CARGO AREA 3 3 - TRAILING UNIT	- FREED I		9	- THREE-WHEEL		ADAPTIVE DEVI	CES)		PARENTLY NORM YSICAL IMPAIRM		2 - BLOC 3 - URIN		
2 - SHOULDER USED			4 - RIDING ON VEHICLE EXTERIOR				MOTORCYCLE - SCHOOL BUS		15 - MOTOR VEHIC WITHOUT AIR E	LES:	3 + EM Dep	OTIONAL (E.G., RESSED, ANGRY,		4 - OTH	na primary.	FCILLT/C\
3 - LAP BELT C 4 - SHOULDER			(NON-TRAILING UNIT) 5 - NON-MOTORIST			7	- Double & Tri Trailers	PLE	16 - OUTSIDE MIRR 17 - PROSTHETIC A		4 - ILL			1 - AMPI	HETAMINE	S J <b>esúlfi(s</b> ))
USED 5 - CHILD RES		11.75	9 - OTHER / UNKNOWN			, x	- TANKER / HAZ	MAT	18 - OTHER		FAT	L ASLEEP, FAINT TIGUED, ETC.		3 - BENZ	iturates Odiazepi	
- Forwart 6 - Child Res	RAINT SYSTEM	a .					GENDE	R	fatt i i		ME	IDER THE INFLUE DICATIONS / DR	UGS /	5 - COC/		
- REAR FAC 7 - BOOSTER S	EAT						- FEMALE 1 - MALE					COHOL HER / UNKNOW	N	7 - OTHE		
8 - HELMET US 9 - PROTECTIV	E PADS USED						1 - MALE I - OTHER / UNKI	NWOV						ช - NEGA	ATIVE RESI	лIS
10 - REFLECTIV																
11 - LIGHTING BICYCLE	ONLY															

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER 22-9249							
UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE							
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
ראו פ	URIES	INJURED	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAM	ME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	E EJECTION	TRAPPED			
		TAKEN BY					MC HELMET	POSITION						
UN	IT#	NAME: LA	AST, FIRST, MIDDLE			<u> </u>	DA	TE OF BIRTH	<u> </u>	AGE	GENDER			
ADI	RESS:	STREET, CIT	Y, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
נאו פ	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT						<u> </u>	SEATING	AIR BAG USAG	EJECTION	TRAPPED			
		TAKEN BY					DOT-COMPLIANT	POSITION						
UN	IT#	NAME: LA	ST, FIRST, MIDDLE			I	DA	<u> </u>	AGE	GENDER				
ADD	RESS:	STREET, CIT	Y, STATE, ZIP				CONTACT PHONE	- INCLUDE ARE	A CODE					
ינאו ינאו	JRIES	INJURED	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAM	ME, CITY)	SAFETY EQUIPMENT	 	SEATING	AIR BAG USAG	SE EJECTION TRAPI				
		TAKEN BY					MC HELMET	POSITION						
UN	IT #	NAME; LA	ST, FIRST, MIDDLE	· · · · · · · · · · · · · · · · · · ·			DA	TE OF BIRTH	<u> </u>	AGE	GENDER			
<u>-</u>			<u></u>											
ADD ADD	RESS: S	STREET, CITY	Y, STATE, ZIP		,		CONTACT PHONE - INCLUDE AREA CODE							
ונמו	JRIES	INJURED	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAM	AE, CITY)	SAFETY EQUIPMENT	1	SEATING	AIR BAG USAGI	EJECTION	TRAPPED			
	TAKEN BY					MC HELMET	POSITION							
3 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	SUSP POSS NO A NOT TREA EMS POLIC OTHE	ECTED N SIBLE INJU APPAREN INJURED TRANSPI TED AT S CE ER / UNK GE ALE	2 - SHOUL	R SEAT  USED  TIVE PADS USED  /S, KNEES, ETC)  ETIVE CLOTHING  NG - PEDESTRIAN  LLE ONLY  L / UNKNOWN	2 - FROM 3 - FROM 4 - SECOI (MOTO 5 - SECOI 6 - SECOI 7 - THIRL (MOTO 8 - THIRL 10 - SLEE 11 - PASS CARC SUCI 12 - PASS CARC 13 - TRAI 14 - RIDII (NOM	ORCYCLE DRIVE T - MIDDLE T - RIGHT SIDE ND - LEFT SIDE ORCYCLE PASSE ND - MIDDLE ND - RIGHT SIDE ORCYCLE SIDE C O - MIDDLE O - RIGHT SIDE ORCYCLE SIDE C O - MIDDLE O - RIGHT SIDE PER SECTION OI SENGER IN OTHI 4 AS A BUS, PICK-UP SENGER IN UNE 30 AREA LING UNIT NG ON VEHICLE TRAILING UNIT) I-MOTORIST	NGER)  AR)  FTRUCK CAB  SER ENCLOSED  RAILING UNIT  EWITH CAP)  NCLOSED	3 - DEPLO 4 - DEPLO FRON 5 - NOT A 9 - DEPLO 1 - NOT E 2 - PARTI. 3 - TOTAL 4 - NOT A 1 - NOT T 2 - EXTRIC MECH. 3 - FREED	APPLICABLE DYMENT UN EJECTIO JECTED ALLY EJECTE LY EJECTEC APPLICABLE TRAPPI RAPPED CATED BY ANICAL ME BY	KNOWN IN ED				
NAM	F• 1 A S 1	r, FIRST, MIL	ODI E		99 - OIH	ER / UNKNOWN	1400400001-1512011-1-00-1-010	TE OF BIRTH	MECHANICA T	ament spirit	GENDER			
3	L(1)	.,												
ADD	RESS: S	TREET, CITY	, STATE, ZIP				CONTACT PHONE	- INCLUDE AREA	CODE					
NAM	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	A CODE	1					
NAM	E; LAST	, FIRST, MIC	DDLE				DATE OF BIRTH			AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							