OHO DEPARTMENT OF PUBLIC SAFET	INALLE	RASH R	LOCAL REPORT NUMBER *						
X PHOTOS TAKEN		JOH -3	INFORMATION 7185 RI			24-3			
SECONDARY CRASH OTHER REPORTING AGENCY NAME *						NCIC *	HIT/SKIP 1 - SOLVED	NUMBER OF U	JNITS UNIT IN ERROR  98 - ANIMAL
	PRIVATE PRO		ville Police Department		05213	2 - UNSOLVED	2	99 - UNKNOWN	
COUNTY* LOCALI	1 - CITY	ATION: CITY. VILLA				CRASH DATE	/TIME*	CRASH SEVERITY . 1 - FATAL	
52 1	2 - VILLAGE 3 - TOWNSHIP	ntville (Towns	hip of)				05/30/2024	4 07:59	2 - SERIOUS INJURY
ROUTE TYPE ROUT		- NORTH LOCA	TION ROAD NAME			ROAD TYPE	LATITUDE D	ECIMAL DEGREES	SUSPECTED 3 - MINOR INJURY
ROUTE TYPE ROUT		- EAST Rive	er Styx			RD	41.078	650	SUSPECTED
ROUTE TYPE ROUT			ENCE ROAD NAME (ROAD,	MILEPOST, HO	USE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE
EFERE	1 13	- SOUTH - EAST 718	5				-81.805	000	5 - PROPERTY DAMAGE ONLY
REFERENCE POINT	DIRECTION	- WEST   710	ROUTE TYPE		ROAD TYPE			INTERSECTION	ON RELATED
1 - INTERSECTION	1 - NO	RTH IR - INTERS	STATE ROUTE (TP) AL	ALLEY	HW - HIGHWA		WITHIN INTE	RSECTION OR O	N APPROACH
3 - HOUSE #	2 - SOL 3 - EAS	T US - FEDER	ALLIC DOLLTE	- AVENUE	MP - MILEPOS	SQ - SQUARE T ST - STREET	WITHIN INTE	DOLLANCE ADE	, 📖
DISTANCE	4 - WE	SK - SIAIE		R - CIRCLE	OV - OVAL	TE - TERRACE	L WITHIN INTE		
FROM REFERENCE	UNIT OF MEASU 1 - MII	RE CR - NUM	SEKED COUNTY KOUTE	r - COURT R - DRIVE	PK - PARKWA' PI - PIKE	Y TL - TRAIL WA - WAY		ROAL	DWAY
L	2 - FEE	50000000000000000000000000000000000000	BERED TOWNSHIP HE	E - HEIGHTS	PL - PLACE		ROADWAY	DIVIDED	
LOCA	ATION OF FIRST HARM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NNER OF CRASI	H COLLISION/	MPACT	DIRECTION OF TRA	VEL	MEDIAN TYPE
1 - ON ROA		ROSSOVER	c 1-NO	T COLLISION 4	- REAR-TO-REA		1 - NORTH	1-	DIVIDED FLUSH MEDIAN
3 - IN MED	IAN 11 -	DRIVEWAY/ALLEY RAILWAY GRADE (	ROSSING	O MOTOR 6	- BACKING - ANGLE		2 - SOUTH	11 1	( <4 FEET ) DIVIDED FLUSH MEDIAN
4 - ON ROA 5 - ON GOI		SHARED USE PATH	13 On	HICLES IN	- SIDESWIPE, S.	AME DIRECTION	4 - WEST		( ≥4 FEET )
	E TRAFFIC WAY 13 -			AK-LIND	- SIDESWIPE, o	PPOSITE DIRECTION			DIVIDED, DEPRESSED MEDIAN DIVIDED, RAISED MEDIAN
7 - ON RAM 8 - OFF RAM		TOLL BOOTH OTHER / UNKNOV		AD-ON 9	- OTHER / UNK	NOWN		1	(ANY TYPE) OTHER / UNKNOWN
								CONDIT	
WORK ZONE REL	ATED		CLOSURE			N WORK ZONE	CONTOUR		1000-00-00-00-00-00-00-00-00-00-00-00-00
WORKERS PRESE	NT		SHIFT/ CROSSOVER		1 - BEFORE THE 1ST WORK ZONE USE 2 USE SIGN 2 CONSISTS A SOURCE CONSISTS AND A S				
LAW ENFORCEM	ENT PRESENT		K ON SHOULDER	- 1	2 - ADVANCE WARNING AREA 1 - STRAIGHT 1 - DRY 1 - CONCRETE 3 - TRANSITION AREA LEVEL 2 - WET 2 - BLACKTOP,				
			EDIAN RMITTENT OR MOVING WORI	1 4	ACTIVITY ARE		2 - STRAIGHT	3 - SNOW	BITUMINOUS, ASPHALT
ACTIVE SCHOOL	ZONE	5 - OTHE			TERMINATION	AREA	GRADE 3 - CURVE LEVEL	4 - ICE 5 - SAND, MU	
LIG	SHT CONDITION			WEATHER	4 - CURVE GRADE OIL, GRAVEL 4 - SLAG , GRAVEL,  O - OTHER 6 - WATER (STANDING, STONE				
1 - DAYLIGI			1 - CLEAR	6 - SNOW	/UNKNOWN MOVING) 5 - DIRT				
1 2 - DAWN/ 3 - DARK -	LIGHTED ROADWAY	l l	2 - CLOUDY 3 - FOG, SMOG, SMOR	7 - SEVERE CI		IRT SNOW		7 - SLUSH	9 - OTHER / UNKNOWN
	ROADWAY NOT LIGH		4 - RAIN		RAIN OR FREE			9 - OTHER / U	JINKNOWIN , STILL STILL
500 000000000000	UNKNOWN ROADWA / UNKNOWN	Y LIGHTING	5 - SLEET, HAIL	99 - OTHER /	UNKNOWN				
NARRATIVE	,								
	ling north on River	Stvx Road in t	he 7100 block. Unit 2 w	as passing				1.1	1
7191 River Styx v	when Unit 1 began	to exit the dri	way on to River Styx Ro	oad. Unit 1					✓—Unit 2
			g on it's passenger side ustained disabling dama		N				
			nt end damage and was	9	Not To	Scale			8
from the scene.	,			ST 1 100 E T T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100.70	ocu.o			
								l i	7185 River Styx
								1	
							Unit 2	. ∣i	7404 Phys. Ch.
									7191 River Styx
									Unit 1
								1 1	
CRASH REPORT	ED DATE / TIME	DISPA	ATCH DATE / TIME	ARI	RIVAL DATE /	TIME	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY
	024 07:59		30/2024 07:59		/30/2024 08	5000000000 5000000000	05/30/202		POLICE AGENCY
				L 03,	1			1	MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIMI	TOTAL MINUTES	OFFICER'S NAME* Pinkas, David			CHECKED BY OFFICE Harrison, Brett		1600	2 VICINDI EMENT
				DGE NUMBER*			Y OFFICER'S BADGE	i,	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO
90 1615						1606		ODPS)	



LOCAL REPORT NUMBER

24-30627

D	Δ	M	Δ	G	F	

DAMAGED AREA(S) INDICATE ALL THAT APPLY									
INDICATE ALL THAT APPLY									
9 9 9 3 3 4 7 6 5 4 8 7 6 5 5 4 8 7 6 5 5 4 8 7 6 5 5 4 8 7 6 6 5 5 4 8 7 7 6 5 5 4 8 7 7 6 5 5 4 8 7 7 6 5 5 6 5 6 5 5 6 5 5 6 5 5 6 5 6 5 5 6 5 6 5 5 6 5 5 6 5 6 5 5 6 5 6 5 5 6 5 6 5 5 6 5 6 5 5 6 5 6 5 5 6									
10 11 12 1 6 5 11 12 1 12 1 12 1 12 1 12 1									
10 11 1 1 2 2 10 10 11 1 1 2 2 10 10 11 10 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10									
9 6 3 9 3 9 3 3									
- NO DAMAGE [ 0 ] - UNDERCARRIAGE [ 14 ]									
☐-TOP[13] ☐-ALL AREAS[15]									
- UNIT NOT AT SCENE [ 16 ]									
INITIAL POINT OF CONTACT  0 - NO DAMAGE 14 - UNDERCARRIAGE  12 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM  99 - UNKNOWN  13 - TOP									
TRAFFIC TRAFFICWAY FLOW TRAFFIC CONTROL									
1 - ONE-WAY 1 - RAFFIC CONTROL  1 - ONE-WAY 2 - TWO-WAY 6 3 - FLASHER 6 - NO CONTROL									
# OF THROUGH LANES ON ROAD  1 - NOT INVLOYED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING									

UNIT SPEED	DETECTED SPEED
5	1 - STATED / ESTIMATED SPEED
POSTED SPEED	1 2 - CALCULATED / EDR
50	3 - UNDETERMINED

		×	24-30627					
UNIT # OWNER NAME: LAST, FIR	ST, MIDDLE ( SAME AS DRIVER)	AREA CODE ( SAME AS DRIVER)	D A M A G E  DAMAGE SCALE					
1 JACKSON , JAMES "OWNER ADDRESS: STREET, CITY, STAT	F 7IP / TI SAME AS DOARED				1 - NONE	3 - FUNCTIONAL DAMAGE		
7191 RIVER STYX ROAD, M					2 2 - MINOR DA			
COMMERCIAL CARRIER: NAME, ADD		Ī	COMMERCIAL CARRIER P	HONE: INCLUDE AREA CODE		9 - UNKNOWN		
	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.		COMMENCIAL CARRIER I	TOTAL INCLUDE AREA CODE	D	AMAGED AREA(S)		
LP STATE LICENSE PLATE #	VEHICLE	DENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	INDI	CATE ALL THAT APPLY		
OH DUR5819		DC2DS396069	2013	TOYOTA		•		
		SURANCE POLICY #	COLOR	VEHICLE MODEL	11 (12) (1	11 1		
INSURANCE COMINE STATE FARM	3132	2849SFP35	DGR	SIENNA	10	2 10 11 1 2		
TYPE OF USE	— IN FRIEDCENICY	US DOT #	TOWED BY: COMPANY	NAME	10 2 -			
COMMERCIAL GOVERNMENT	IN EMERGENCY RESPONSE	E MEIGHT CHAND (COMD	HAZARDO	US MATERIAL	9 9 3	3 9 9 3		
INTERLOCK DEVICE HIT/SKIP UNIT	# OCCUPANTS	E WEIGHT GVWR/GCWR 1 - ≤10K LBS.	MATERIAL CL	ASS # PLACARD ID #	$\left[\begin{array}{ccc} 1 & 1 \\ 7 & 7 \end{array}\right]$	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
DEVICE HIT/SKIP UNIT	3	2 - 10.001 - 26K LBS. 3 - > 26K LBS.	RELEASED PLACARD	11 1	6	6		
1 - PASSENGER CAR 6				- PEDESTRIAN/SKATER	6 5	11 6 5		
2 - PASSENGER VAN 7	MOTORCYCLE 2-WHEELED 13	3 - SNOWMOBILE 19 - BI		- WHEELCHAIR (ANY TYPE)	10 /	11 12 2		
(1111/17/31)	- MOTORCYCLE 3-WHEELED 14 - AUTOCYCLE	TRUCK		- OTHER NON-MOTORIST	<u> </u>	10 2		
VEHICLE 10	- MOPED OR MOTORIZED 15	S - SEMI-TRACTOR 21 - H		- BICYCLE - TRAIN	9 (	9 3 3		
4 - PICK UP 5 - CARGO VAN 11				- UNKNOWN OR HIT/SKIP	7	1 T		
· , , , ,	TV/UTV)	- MOTOKHOME			8 \			
# OF TRAILING UNITS  WAS VEHICLE OPERATING IN  MODE WHEN CRASH OCCU					11 12 1	6 11 12		
WAS VEHICLE OPERATING IN MODE WHEN CRASH OCCU	RRED?		CONDITIONAL AUTOMATIO	N 9 - UNKNOWN	10 12	10		
2 . 2 .			HIGH AUTOMATION		10 1 2	11 1 2		
1 - YES 2 - NO 9 - OTHER	R / UNKNOWN AUTONOMOUS : MODE LEVEL	2 - PARTIAL AUTOMATION 5 -	FULL AUTOMATION		9 9 3	3 9 9 3		
1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER		8 4		
1 1 2-TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN		8 7 6 5 4		
SPECIAL SHARING	8 - BUS - SHUTTLE 9 - BUS - OTHER	13 - POLICE 14 - PUBLIC UTILITY	18 - SNOW REMOVAL 19 - TOWING		7 5	7 5		
FUNCTION 4 - SCHOOL TRANSPORT	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.			,	•		
5 - BUS - TRANSIT/COMMU	TER		PATROL			12 12 12		
1 - NO CARGO BODY TYPE	4 - LOGGING 5 - INTERMODAL	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN	12			
CARGO 2-BUS	CONTAINER CHASSIS	8 - POLE 9 - CARGO TANK	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER		of Mar.	3 9 1 3 9 8 3		
BODY 3 - VEHICLE TOWING  ANOTHER MOTOR VEHIC	6 - CARGOVAN LE /ENCLOSED BOX	10 - FLAT BED	14 - GARBAGE/REFUSE		,609,			
TTPE		7. WORLLONGUEV TINES	A 110700 700UNE		6	T		
1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 10 - DISABLED FROM PRICE	99 - OTHER / UNKNOWN		6 6 6		
VEHICLE 3 - TAIL LAMPS DEFECTS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		_			
	ar sometiment of				☐- NO DAMAG	SE [ 0 ] UNDERCARRIAGE [ 14 ]		
1 - INTERSECTION -   MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS	99 - OTHER / UNKNOWN	☐- TOP [ 13 ]	☐- ALL AREAS [ 15 ]		
NON- 2 - INTERSECTION - MOTORIST LINMARKED CROSSWAI	5 - TRAVEL LANE -	9 - MEDIAN/CROSSING	OR TRAILS		_	ACCOUNT OF THE PARTY OF THE PAR		
LOCATION 3 - INTERSECTION - OTHER	K OTHER LOCATION 6 - BICYCLE LANE	ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE		□ □	UNIT NOT AT SCENE [ 16 ]		
1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	INITIA	AL POINT OF CONTACT		
2 - NON-COLLISION	2 - BACKING 3 - CHANGING LANES	LANE 10 - PARKED	16 - WORKING	99 - OTHER / UNKNOWN	0 - NO DAN	MAGE 14 - UNDERCARRIAGE		
3 3-STRIKING	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED	17 - PUSHING VEHICLE	•	1-12 - REFER TO UNIT 15 - VEHICLE NOT AT S			
ACTION 4-STRUCK ACTIO	ASH 5 - MAKING RIGHT TURN  NS 6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE			RAM 99 - UNKNOWN		
5 - BOTH STRIKING & STRUCK	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	19 - STANDING	ICT.	13 - TOP			
9 - OTHER / UNKNOWN	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTOR	131	是名词是是这个主题	TRAFFIC		
1 - NONE	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM	18 - OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL		
2 - FAILURE TO YIELD 3 - RAN RED LIGHT	9 - IMPROPER LANE	A PARKED POSITION  14 - STOPPED OR PARKED	19 - LOAD SHIFTING	99 - OTHER IMPROPER	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN		
2 4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PASSING	ILLEGALLY	/FALLING/SPILLING	ACTION	2 - TWO-WAY	6 2-SIGNAL 5-YIELD SIGN		
CONTRIBUTING & IMPRODED THEM	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	20 - IMPROPER CROSSING 21 - LYING IN ROADWAY			3 - FLASHER 6 - NO CONTROL		
CIRCUMSTANCES 7 - LEFT OF CENTER	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE		# OF THROUGH LANES	RAIL GRADE CROSSING		
SEQUENCE OF EVENTS					ON ROAD	1 - NOT INVLOVED  2 - INVOLVED-ACTIVE CROSSING		
	7 ((0)1)17(0)1 (0)11(0)	EVENTS				3 - INVOLVED-PASSIVE CROSSING		
1 20 1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19 - ANIMAL -OTHER 20 - MOTOR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR				
3 - IMMERSION	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	TRANSPORT	ANYTHING SET IN MOTION BY A MOTION	UNIT / NO	ON-MOTORIST DIRECTION		
2 4 - JACKKNIFE 5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN 11 - CROSS CENTERLINE -	15 - PEDALCYCLE 16 - RAILWAY VEHICLE	21 - PARKED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVABLE		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST		
LOSS OR SHIFT	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE	OBJECT	, , ,	A 3 - EAST 7 - SOUTHEAST		
3 6 - EQUIPMENT FAILURE		18 - ANIMAL - DEER	EQUIPMENT		<sub>FROM</sub> 3 то	4 - WEST 8 - SOUTHWEST		
25 - IMPACT ATTENUATO		N WITH FIXED OBJECT - S 38 - OVERHEAD SIGN POST	STRUCK 45 - EMBANKMENT	52 - BUILDING		9 - OTHER / UNKNOWN		
4 /CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES	46 - FENCE	53 - TUNNEL	UNIT SPEED	DETECTED SPEED		
STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	SUPPORT 40 - UTILITY POLE	47 - MAILBOX 48 - TREE	54 - OTHER FIXED OBJECT	_			
5 27 - BRIDGE PIER OR ABUTMENT	BARRIER 35 - MEDIAN CONCRETE	41 - OTHER POST, POLE OR SUPPORT	49 - FIRE HYDRANT 50 - WORK ZONE	99 - OTHER / UNKNOWN	5	1 - STATED / ESTIMATED SPEED		
28 - BRIDGE PARAPET	BARRIER	42 - CULVERT	MAINTENANCE EQUIPMENT		DOCTED COLOR	1  2 - CALCULATED / EDR		
6 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST	43 - CURB 44 - DITCH	51 - WALL		POSTED SPEED			
1   FIRST HARMFUL EV	ENT 1 1 MOST	HARMFUL EVENT			ı 50 ı	3 - UNDETERMINED		
I INSTITUTE OF EV		VA LTEIT!				1		



LOCAL REPORT NUMBER

24-30627

UNIT#	OWNER NAME: LAST, FIRST,	MIDDLE ( SAME AS DRIVER)		OWNER	PHONE:INCLUDE ARE	A CODE ( SAME AS DRIVER)	DAMAGE						
	KACIC, HANNA, ANN					,	DAMAGE SCALE						
OWNER AD	DRESS: STREET, CITY, STATE, Z	IP ( SAME AS DRIVER)					1 - NONE	3 - FUNCTIONAL DAMAGE					
7307 OLI	D MILL ROAD, SPEN	CER, OH, 44275					4 2 - MINOR DAI	MAGE 4 - DISABLING DAMAGE					
COMMERC	IAL CARRIER: NAME, ADDRES	SS, CITY, STATE, ZIP		Cor	MMERCIAL CARRIER PHO	ONE: INCLUDE AREA CODE	9 - UNKNOWN						
							DAMAGED AREA(S)						
LP STATE	LICENSE PLATE #	VEHICLE	IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	INDIC	CATE ALL THAT APPLY					
OH	JUK1975		10D72CKC39398		2012	FORD	12	12					
VERIFIED	INSURANCE COMPA		NSURANCE POLICY #		COLOR	VEHICLE MODEL	11 12	11 12					
VERIFIEL		1960	0046573	Trou	BLU	ESCAPE	10 11 1 2	10 11 1 2					
Псоммея	TYPE OF USE	IN EMERGENCY	US DOT #	1110	ED BY: COMPANY NA								
		RESPONSE	LE WEIGHT GVWR/GCWF	1	HAZARDOUS	MATERIAL							
DEVICE	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS. 2 - 10.001 - 26K LBS.	$ \square^{\wedge}_{\mathbb{R}} $	IATERIAL CLAS ELEASED	S # PLACARD ID #	8 7 5 4	8 7 \$ 5 4					
EQUIPPE	D —		3 - > 26K LBS.		LACARD [		7 6 5	12 7 6					
		50 P. S.		IMO (LIVE	RY VEHICLE) 23 -	PEDESTRIAN/SKATER	6	11 12 1					
ı 3 ı			14 CINICLE LINUT			WHEELCHAIR (ANY TYPE)	10	11 1 2					
UNIT TYPE	3 - SPORT UTILITY 9 - AL	JTOCYCLE	TRUCK 21 - L	OTHER VEH		OTHER NON-MOTORIST BICYCLE	<b>—</b>	10 2					
	VEHICLE 10 - N	HOLED OIL HIGHORIEED	15 - SEMI-TRACTOR			FRAIN	<b> </b>	9 3 3					
			17 - MOTORHOME	NIMAL-DE	RAWN VEHICLE 99-1	JNKNOWN OR HIT/SKIP	7,	7 5 74					
Bi i	# OF TRAILING UNITS	/UTV)					~ ` ` \	6					
	WAS VEHICLE OPERATING IN A	ITONOMOUS					11 12	7 6 5 11 12 1					
	MODE WHEN CRASH OCCURRE				ONAL AUTOMATION	9 - UNKNOWN	10	10 12 1 2					
1 2 1	1 VES 2 NO 0 OTHER (				TOMATION		10 2	10 2					
	1-YES 2-NO 9-OTHER/U	MODE LEVEL	5 2 - PARTIAL AUTOMATION 5	- FULL AU	IOMATION		9 9 3	3 9 9 3					
	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FA	RM	21 - MAIL CARRIER							
ı 1 ı	2 - TAXI 3 - ELECTRONIC RIDE	7 - BUS - INTERCITY	12 - MILITARY		OWING	99 - OTHER / UNKNOWN		B / 6 3 / 4					
SPECIAL	SHARING	8 - BUS - SHUTTLE 9 - BUS - OTHER	13 - POLICE 14 - PUBLIC UTILITY		NOW REMOVAL DWING		7 6 5	7 6 5					
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP	. 20 - SA	FETY SERVICE		0.53						
	3 - BO3 - TRAISSIT/COMMOTER			PA	TROL			12 12 12					
ı 1 ı	1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING 5 - INTERMODAL	7 - GRAIN/CHIPS/GRAVEL	11 - D		99 - OTHER / UNKNOWN	12						
critico	2 - BUS	CONTAINER CHASSIS	8 - POLE 9 - CARGO TANK		ONCRETE MIXER  JTO TRANSPORTER		A A R	16 3 9 17 3 9 <b>30</b> 3					
	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	10 - FLAT BED		ARBAGE/REFUSE		,600, ,	9 3 9 3 3					
TYPE			7 11100111 00 611611 71066				6	T , , , , ,					
	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT		SABLED FROM PRIOR	99 - OTHER / UNKNOWN	ž.	6 6 6					
VEHICLE DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE		CIDENT								
DEFECTS							☐- NO DAMAG	E[0]					
1 1	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE		RIVEWAY ACCESS	99 - OTHER / UNKNOWN	☐-TOP[13]	- ALL AREAS [ 15 ]					
NON-	2 - INTERSECTION -	5 - TRAVEL LANE -	8 - SIDEWALK 9 - MEDIAN/CROSSING	OF	RTRAILS		_						
MOTORIST LOCATION	UNMARKED CROSSWALK  3 - INTERSECTION - OTHER	OTHER LOCATION 6 - BICYCLE LANE	ISLAND		RST RESPONDER INCIDENT SCENE		Ш-	UNIT NOT AT SCENE [ 16 ]					
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC			21 - STANDING OUTSIDE	INITIA	L POINT OF CONTACT					
	2 - NON-COLLISION	2 - BACKING 3 - CHANGING LANES	LANE 10 - PARKED		GGING, PLAYING ORKING	DISABLED VEHICLE  99 - OTHER / UNKNOWN	0 - NO DAM						
4	3 - STRIKING	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED	STOPPED 17 - PUSHING VEH		33 - OTTLER / GIVENOWN	2 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE						
ACTION	A - STRUCK	TRUCK PRE-CRASH 5 - MAKING RIGHT TURN IN TR ACTIONS 6 - MAKING LEFT TURN 12 - DRIV			PPROACHING OR AVING VEHICLE		DIAGRAM 99 - UNKNOWN						
	5 - BOTH STRIKING & STRUCK	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	19 - ST	ANDING		13 - TOP						
	9 - OTHER / UNKNOWN	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	G 20 - O	THER NON-MOTORIST			TRAFFIC					
	1 - NONE	8 - FOLLOWING TOO CLOSE	E 13 - IMPROPER START FROM		ERATING DEFECTIVE	23 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL					
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	/ACDA 9 - IMPROPER LANE	A PARKED POSITION  14 - STOPPED OR PARKED	EQ	UIPMENT AD SHIFTING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN					
1 1 1	4 - RAN STOP SIGN	CHANGE	ILLEGALLY		LLING/SPILLING	ACTION	2 - TWO-WAY	6 1 2 - SIGNAL 5 - YIELD SIGN					
CONTRIBUTIN	5 - UNSAFE SPEED IG 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY		PROPER CROSSING NG IN ROADWAY			3 - FLASHER 6 - NO CONTROL					
CIRCUMSTANC	7 - LEFT OF CENTER	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION		T DISCERNIBLE		# of THROUGH LANES	RAIL GRADE CROSSING					
SEQUENCE	or EVENTS						ON ROAD	1 - NOT INVLOVED					
SECUENCE	OF EVENTS		EVENTS				111	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING					
<sub>1</sub>   20	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY			3 - STRUCK BY FALLING, SHIFTING CARGO OR		3 - INVOLVED-PASSIVE CROSSING					
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION 14 - PEDESTRIAN		OTOR VEHICLE IN ANSPORT	ANYTHING SET IN	UNIT / NO	N-MOTORIST DIRECTION					
2 8	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	15 - PEDALCYCLE		RKED MOTOR HICLE	MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHEAST					
	LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM	22 - W	ORK ZONE	4 - OTHER MOVABLE OBJECT		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST					
<sub>3</sub> _ 39	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER		INTENANCE UIPMENT	0.00000	FROM 2 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST					
4			ON WITH FIXED OBJECT -	STRUCK				9 - OTHER / UNKNOWN					
4	/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	45 - EM 46 - FEI		2 - BUILDING 3 - TUNNEL	LIMIT COPPS	DETECTED COSES					
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL		47 - MA 48 - TRI	AILBOX 5	4 - OTHER FIXED OBJECT	UNIT SPEED	DETECTED SPEED					
5	27 - BRIDGE PIER OR	BARRIER	41 - OTHER POST, POLE	49 - FIR	E HYDRANT 9	9 - OTHER / UNKNOWN	<sub>1</sub> 50 <sub>1</sub>	1 - STATED / ESTIMATED SPEED					
	ABUTMENT 28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE BARRIER	OR SUPPORT 42 - CULVERT	MA	ORK ZONE INTENANCE			1 12.6460047604760					
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIES 37 - TRAFFIC SIGN POST		51 - W	UIPMENT ALI		POSTED SPEED	I 2 - CALCULATED / EDR					
, ,				31 - W	166		ı 50 ı	3 - UNDETERMINED					
	FIRST HARMFUL EVEN	T   4   MOST	HARMFUL EVENT					1					

Motorist / Non-Motorist									LOCAL REPORT NUMBER 24-30627								
5	UNIT #		FIRST, MIDDLE								1	DATE OF BIRTH		<u>′</u>	AGE	GENDER	
NO.	1	JACKSON , JAMES									(	03/28/1953		71	М		
īS	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA COI						
ő	7191 RIV	/ER STYX RC	DAD, MEDINA, OH, 44256	i													
M-NON/		INJURED EI TAKEN	MS AGENCY (NAME)		INJURED 1	TAKEN TO: I	MEDICAL FACILITY (NAVE, o	спу)	SAFETY EQUIPMENT USED		Т-Сомрыи			AG USAGI	EJECTION	TRAPPED	
Ž.	5	вү 🔟							4	Шмс	HELMET	1		1	1	1	
SRIST	OL STATE	OPERATOR LI	CENSE NUMBER		OFFENS	E CHARG	ED	LOCAL	OFFENSE DESCRI	PTION			CITA	TION N	UMBER		
ĬQ.	ОН				4511.4	14			RIGHT OF WA	-				3303		3.	
	OL CLASS	DISTRACTED				HOL / DRUG SUSPE		CONDITION	A	TYPE	OL TEST VALUE	STATUS	TYPE	DESCRITS	SELECT UP TO 4		
	4			ВУ	1	=	R DRUG		1	1	1		1	1	RESOLIS	SEECT OF 104	
	UNIT #	NAME: LAST,	FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER	
S. Cal	2	KACIC, HA	NNA, ANN								(	07/09/2003			20	F	
RIST	ADDRESS:	STREET, CITY, S	TATE, ZIP							CONT	ACT PHO	ONE - INCLUDE	AREA CODE				
OTOR			AD, SPENCER, OH, 44275		T							-					
NON-N		TAKEN 1	MS AGENCY (NAME) ST		INJURED	TAKEN TO: I	MEDICAL FACILITY (NAVE, o	CITY)	SAFETY EQUIPMENT USED		T-COMPLIA			AG USAGI	EJECTION	TRAPPED	
I N	4	ву 1							4		HELMET	1		2	1	3	
ORIS		OPERATOR LI	CENSE NUMBER		OFFENS	E CHARG	ED	LOCAL	OFFENSE DESCRI	PTION			CITA	CITATION NUMBER			
ο <sub>Σ</sub>	ОН										LCOLLG	N TEST		DRUG TECT(C)			
	OL CLASS	ENDORSEMEN	RESTRICTION SELECT UP TO 3	DRI	TRACTED		ALCOHOL / DRUG SUSPECTED CONDITION  ALCOHOL MARIJUANA			STATUS TYPE VALUE S			STATUS	STATUS TYPE RESULTS		SELECT UP TO 4	
	4			BY	1	OTHE	R DRUG		1	1	1		1	1			
	UNIT #	NAME: LAST,	FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER	
RIST	ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
9	INJUINITE	INJUIDED TE	10.1		INILIDED 3	TAVENITO- N	O: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			SEATING AIR BAG US						T	
N-NO	INJURIES	TAKEN BY	MS AGENCY (NAME)		INJURED	AKEN IO:	MEDICAL FACILITY (NAME, O	cny)	USED	DOT-COMPLIANT POSITION MC HELMET				AG USAGE	EJECTION	TRAPPED	
TORIST / NON-MOTORIST	OI STATE		CENSE NUMBER		OFFENI	E CHARG	ED	LOCAL	OFFENSE DESCRI				CITA	TION N	L. L.		
ORIS	OLDINIL	or Environ Er	CENSE NOMBER		OTTENS	L CHARG	CODE			FILOM				CITATION NUMBER			
Ø.	OL CLASS	ENDORSEMEN	T RESTRICTION SELECT UP TO 3	DRI	DRIVER ALCOHOL / DRUG SUSPECTED		CTED	CONDITION AL		ALCOHOL TEST			DRUG TEST(S		5)		
				DIST	TRACTED	ALCO		ANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4	
3	77.00						R DRUG										
1 -	INJU FATAL	JRIES	1 - FRONT - LEFT SIDE	1 - NOT DE	AIR BAC		OL CLAS	SS	OL RESTRIC		1	VER DISTRA  OT DISTRACTED	CTION		EST STA	TUS	
2 -	SUSPECTED	SERIOUS	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER DEVICE		2 - M	IANUALLY OPERA	TING AN	2 - TES	REFUSED		
	INJURY SUSPECTED	MINOR	3 - FRONT - RIGHT SIDE 4 - DE			- DEPLOYED BOTH 3 - CLASS C 3 - CC				2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES		OMMUNICATION EXTING, TYPING,	DEVICE	CON	T GIVEN, ITAMINATE	D SAMPLE	
	INJURY POSSIBLE IN	JURY	(MOTORCYCLE PASSENGER) 5 - NOT				JANISIDE 4 - REGULAR CLASS 5 - EXCEPT CL PLOYMENT UNKNOWN (OHIO = D) 6 - EXCEPT CL				n	ALKING ON HANI	DS-FREE	4 - TEST	IUSABLE F GIVEN,		
5 -	NO APPAREI	NT INJURY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE				5 - M/C MOPED C	NLY	& CLASS B BUS 7 - EXCEPT TRACTOR	R-TRAILER		OMMUNICATION ALKING ON HANI		5 - TEST	JLTS KNOW GIVEN,		
1	NJURIES	TAKEN BY	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE	1 - NOT EJ	6 - NO VALID OL 8 - INTERMEDIATE LI					OMMUNICATION THER ACTIVITY W	/ITH AN	EVICE RESULTS UNKNOWN					
1 -	NOT TRAN		9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	2 - PARTIA 3 - TOTALL	ALLY EJECTED OL ENDORSEMENT 9 - LEARNER'S PERM					6 - P/	ECTRONIC DEVIC		1 - NON 2 - BLO	IE .			
2 -	EMS	AT SCEIVE	OF TRUCK CAB 11 - PASSENGER IN	4 - NOT AF	PPLICABLE		H - HAZMAT  M - MOTORCYCLE		10 - LIMITED TO DA		IN	THER DISTRACTION	E	3 - URIN	NE .		
100	POLICE	NIKNOMAL	OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT.	1 - NOT TR	APPED		P - PASSENGER		11 - LIMITED TO EM 12 - LIMITED - OTHE	R	0	THER DISTRACTION  UTSIDE THE VEHING  THER / UNKNOW	CLE	4 - BREA 5 - OTH			
	OTHER / U		BUS, PICK-UP WITH CAP)  12 - PASSENGER IN	2 - EXTRIC		ANS	N - TANKER Q - MOTOR SCOO	TED	(SPECIAL BRAKE	S, HAND	9-0	CONDITIO	Service and the service and th	DR 1 - NON	UG TEST	TYPE	
500	NONE USED	QUIPMENT	UNENCLOSED CARGO AREA 13 - TRAILING UNIT	3 - FREED I			R - THREE-WHEEL		CONTROLS, OR ADAPTIVE DEVI 14 - MILITARY VEHIC	CES)		PARENTLY NORI		2 - BLO	OD		
2 -	SHOULDER I		14 - RIDING ON VEHICLE EXTERIOR				S - SCHOOL BUS		15 - MOTOR VEHICL WITHOUT AIR B	ES	3 - EN	MOTIONAL (E.G., PRESSED, ANGRY,		4 - OTH			
	LAP BELT ON SHOULDER &		(NON-TRAILING UNIT) 15 - NON-MOTORIST				T - DOUBLE & TRI TRAILERS	PLE	16 - OUTSIDE MIRRO 17 - PROSTHETIC AI	OR	DIS	TURBED) LNESS			TEST R	*SULT(S)	
	USED CHILD REST	RAINT SYSTEM	99 - OTHER / UNKNOWN				X - TANKER / HAZ	MAT	18 - OTHER		5 - FE	LL ASLEEP, FAINT		2 - BARE	BITURATES		
	- FORWARD						GENDE	R			6 - UI	NDER THE INFLUE	NCE OF		NABINOIDS		
	- REAR FACIN	NG					F - FEMALE				AL	COHOL THER / UNKNOW			TES / OPIO	DS	
8 -	HELMET USE						M - MALE U - OTHER / UNKN	NOWN							ATIVE RESU	LTS	
	(ELBOWS, KI	NEES, ETC)					J CHILK / UNK	TOTAL									
		PEDESTRIAN															
99	OTHER / UI																

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER 24-30627						
	UNIT # NAME: LAST, FIRST, MIDDLE								TE OF BIRTH	50027	AGE	GENDER	
	1	JACKSO	N, GAIL, L			69	F						
CUPANT	ADDRESS:	STREET, CIT	Y, STATE, ZIP	10/23/1954 69  CONTACT PHONE - INCLUDE AREA CODE									
ξ	7191 RI\	VER STYX,	MEDINA, OH, 44256										
	INJURIES	ES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FAGILITY (NAME, CITY) SAFETY EQUIPMENT						DOT-COMPLIANT	SEATING POSITION	AIR BAG US	GE EJECTIO	N TRAPPED	
	5	в <b>у</b> _ 1	ı				4	MC HELMET	3	1	1	1	
	UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
Ļ	1												
OCCUPAN	ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			
ŏ	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N.	AME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USA	AGE EJECTION TRAPPED		
	5	TAKEN BY 1			•		7	DOT-COMPLIANT MC HELMET	POSITION 6	1		1	
7	UNIT #		ST, FIRST, MIDDLE	10 Care 2 - 10			/	DA	TE OF BIRTH		AGE	GENDER	
	1										1102	GENDER	
ANT	ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			
Ę								330-388-3526					
٥	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N.	AME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTIO	N TRAPPED	
	5	BY _1_	ı				5	MC HELMET	4	1	1	1	
1	UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
5													
OCCUPAN	ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			
ö	INILIRIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	AME CITY)	SAFETY EQUIPMENT		SEATING	AID DAG USA	CE EIECTIC	N TRAPPED	
	modules	TAKEN BY	LIND AGENCY HAME!		THE PROPERTY OF MEDICAL PACIFIC (III)	cont, city	SALETT EQUIPMENT	MC HELMET	POSITION	AIR BAG USA	de Electic	IRAPPED	
-		IN	JURIES	SAFET	Y EQUIPMENT USED		SEATING POS			AIR BAG	LICACE		
	1 - FAT.			1 - NONE I		1 - FRON	IT - LEFT SIDE	TION	1 - NOT I	DEPLOYED			
			ERIOUS INJURY		OCCUPANT (MOTORCYCLE DRIVE			R)		OYED FRO			
	3 - SUS	PECTED N	MINOR INJURY		DER BELT ONLY USED	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSE) 5 - SECOND - MIDDLE		3 - DEPLOY 4 - DEPLOY NGER) FRONT/ 5 - NOT AP		DYED SIDE			
		SIBLE INJ			T ONLY USED DER & LAP BELT USED								
*	5 - NO	APPAREN	IT INJURY		ESTRAINT SYSTEM -						F		
ı	4 110		TAKEN BY		ARD FACING 6 - SECOND - RIGHT SIDE  RESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE			9 - DEPLOYMEN				/N	
		TTRANSP ATED AT S		6 - CHILD R	ESTRAINT SYSTEM - ACING		ORCYCLE SIDE C	1 - NOT E		EJECT			
	2 - EMS			7 - BOOSTE			O - MIDDLE O - RIGHT SIDE			SESSES SELEC			
	3 - POL	ICE		8 - HELMET	USED	The second	PER SECTION OF			ALLY EJECTED			
	9 - OTH	IER / UNK	NOWN	The same of the sa	TIVE PADS USED		SENGER IN OTHE						
	To Sale	GE	NDER		S, KNEES, ETC) CTIVE CLOTHING	SUC	GO AREA (NON-TI H AS A BUS, PICK-UI	WITH CAP)	APPLICABL	CABLE			
Sept.	F - FEM	IALE		11 - LIGHTI	NG - PEDESTRIAN		ASSENGER IN UNENCLOSED TRAPPED  ARGO AREA						
N. 1880	M - MA	ALE			CLE ONLY		LING UNIT	1 - NOT TRAPPED 2 - EXTRICATED BY					
No.	U - OTI	HER / UNI	KNOWN	99 - OTHER	/UNKNOWN		NG ON VEHICLE -TRAILING UNIT)	EXTERIOR	A CONTRACTOR OF THE PROPERTY O	ANICAL M	EANS		
Chicago						15 - NON	N-MOTORIST		3 - FREED				
5						99 - OTH	ER / UNKNOWN		NON-	MECHANI	CAL MEA	INS	
SS	NAME: LA	ST, FIRST, MI	DDLE					DA	TE OF BIRTH		AGE	GENDER	
	ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			
3	\$							ZOTTITE THOME	INCCODE AND	A CODE			
NAME: LAST, FIRST, MIDDLE						DA	TE OF BIRTH		AGE	GENDER			
<u> </u>													
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE ARE	A CODE				
5	MARIE	CT FIRST :	DDLF			ALCOHOL:							
SS	NAME: LAS	ST, FIRST, MI	DDLE					DATE OF BIRTH				GENDER	
Ž	ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			
>										and William			