| OHOO DEPARTMENT OF PUBLIC BAFE | TRAFFIC C | CRASH R | EPORT *DENO | TES MANDATORY FIELD FOR SUPPLEI | MENT REPORT | | LOCAL REPOR | T NUMBER * | | | | |
|--|---|------------------------------|--|---|--------------------------|--|--------------------------|--|--|--|--|--|
| PHOTOS TAKEN OH -2 X OH -3 LOCAL INFORMATION TOWER/ WADSWORTH | | | | | | | | 24-32806 | | | | |
| | OH-1P X | OTHER REPOR | TING AGENCY NAME * | | NCIC * | | | NITS UNIT IN ERROR | | | | |
| SECONDARY CF | ASH PRIVATE PRO | PERTY Mont | ville Police Department | | 05213 | | | 1 98 - ANIMAL 99 - UNKNOWN | | | | |
| COUNTY* LOCAL | 1 - CITY | ATION: CITY. VILLA | | | CRASH DATE | /TIME* | CRASH SEVERITY | | | | | |
| 52 3 | 2 - VILLAGE 3 - TOWNSHIP | ntville (Towns | ship of) | | | 06/10/2024 | 16:50 | 2 - SERIOUS INJURY | | | | |
| ROUTE TYPE ROL | | - NORTH LOCA - SOUTH | TION ROAD NAME | | ROAD TYPE | | | SUSPECTED 3 - MINOR INJURY | | | | |
| ROUTE TYPE ROL | 1 13 | - EAST TOV | /er | | RD | | | SUSPECTED | | | | |
| ROUTE TYPE ROL | | | ENCE ROAD NAME (ROAD, | MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE D | 4 - INJURY POSSIBLE | | | | | |
| ROUTE TYPE ROL | | - SOUTH - EAST | | | | -81.818 | 508 | 5 - PROPERTY DAMAGE ONLY | | | | |
| | 37 4 | - WEST | | | | 01.010 | 200.000 | ******* | | | | |
| 1 - INTERSECT | FROM REFERENC | E | ROUTE TYPE STATE ROUTE (TP) A | ROAD TYPE L - ALLEY HW - HIGHWAY | RD - ROAD | WITHIN INTE | INTERSECTION OF OR | | | | | |
| 1 12 - MILE POST | 1 - NOF | TH US SERVE | A A | V - AVENUE LA - LANE | SQ - SQUARE | | ASECTION ON OF | 4 | | | | |
| 3 - HOUSE # | 4 - WES | SR - STATE | BI | L - BOULEVARD MP - MILEPOST R - CIRCLE OV - OVAL | ST - STREET TE - TERRACE | WITHIN INTE | RCHANGE AREA | NUMBER OF APPROACHE | | | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASU | | | T - COURT PK - PARKWAY | TL - TRAIL | No de la constante de la const | ROAD | WAY | | | | |
| | 1 - MIL | .ES | D D | R - DRIVE PI - PIKE E - HEIGHTS PL - PLACE | WA - WAY | ROADWAY | IVIDED | | | | | |
| | 3 - YAF | | THE RESIDENCE OF THE PARTY OF T | E-HEIGHTS PE-PLACE | | | | | | | | |
| 1 - ON RC | ATION OF FIRST HARM | | | NNER OF CRASH COLLISION/IM | PACT | DIRECTION OF TRAV | /EL | MEDIAN TYPE | | | | |
| 1 1 2-ON SE | | rossover Driveway/Alley | I 6 | OT COLLISION 4 - REAR-TO-REAR TWEEN 5 - BACKING | | 1 - NORTH 2 - SOUTH | | DIVIDED FLUSH MEDIAN | | | | |
| 3 - IN MEI 4 - ON RO | | RAILWAY GRADE | 1,000 | O MOTOR HICLES IN 6 - ANGLE | | 3 - EAST | 2 - 1 | 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN | | | | |
| 5 - ON GC | | SHARED USE PATI TRAILS | | ANSPORT 7 - SIDESWIPE, SAM | | 4 - WEST | | | | | | |
| | DE TRAFFIC WAY 13 - 8 | | | AR-END 8 - SIDESWIPE, OPPO AD-ON 9 - OTHER / UNKNO | | | 4 - 1 | | | | | |
| 7 - ON RA 8 - OFF RA | | TOLL BOOTH OTHER / UNKNOV | 100.00 | AD-ON 9 - OTHER / UNKNO | OWN | | | ANY TYPE) OTHER / UNKNOWN | | | | |
| | | - | DRK ZONE TYPE | LOCATION OF CRACILINA | WORK ZONE | CONTOUR | CONDITI | pas priestra (actività di Company) esperante del Company (actività del Company) del Co | | | | |
| WORK ZONE RE | LATED | | CLOSURE | 1 - BEFORE THE 1ST | | 111 | 1 | | | | | |
| WORKERS PRES | ENT | | SHIFT/ CROSSOVER | WARNING SIGN | | | | | | | | |
| LAW ENFORCEM | MENT PRESENT | | K ON SHOULDER | 2 - ADVANCE WARN 3 - TRANSITION AR | | 1 - STRAIGHT LEVEL | 1 - DRY 2 - WET | 1 - CONCRETE 2 - BLACKTOP, | | | | |
| | | | IEDIAN RMITTENT OR MOVING WOR | A - ACTIVITY AREA | | 2 - STRAIGHT | 3 - SNOW | BITUMINOUS, ASPHALT | | | | |
| ACTIVE SCHOO | LZONE | 5 - OTH | | 5 - TERMINATION A | REA | GRADE 3 - CURVE LEVEL | 4 - ICE 5 - SAND, MUI | 2 PRICKIBLOCK | | | | |
| | GHT CONDITION | | | WEATHER | 4 - CURVE GRADE | OIL, GRAVI | 4 - SLAG , GRAVEL, | | | | | |
| 1 - DAYLIC | | | 1 - CLEAR | 6 - SNOW | 9 - OTHER /UNKNOWN | 6 - WATER (ST MOVING) | ANDING, 5 - DIRT | | | | | |
| 1 2 - DAWN | /DUSK - LIGHTED ROADWAY | l i | 2 2 - CLOUDY | 7 - SEVERE CROSSWINDS | | 7014KIVOVII4 | 7 - SLUSH | 9 - OTHER | | | | |
| | ROADWAY NOT LIGHT | TED . | 3 - FOG, SMOG, SMO 4 - RAIN | KE 8 - BLOWING SAND, SOIL, DIR 9 - FREEZING RAIN OR FREEZING | | | 9 - OTHER / U | NKNOMN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | |
| 5 - DARK | - UNKNOWN ROADWA | y lighting | 5 - SLEET, HAIL | 99 - OTHER / UNKNOWN | | | | | | | | |
| 9 - OTHER | 9 - OTHER / UNKNOWN | | | | | | | | | | | |
| NARRATIVE | NARRATIVE | | | | | | | | | | | |
| The state of the s | Unit #1 was driving north on Wadsworth Rd. and unit #2 was driving south on Wadsworth Rd. Unit #2 turned onto Tower Rd. continuing south and unit #1 turned | | | | | | | | | | | |
| | | | Rd. and Tower Rd. fork | | | | | | | | | |
| | | | 2 and continued her tur | | | | | | | | | |
| | | | ar door causing minor o | 9 | | 1 / 3 | TA ROAD (SAST) | | | | | |
| the scene. | lo injuries reported | and both vehi | cles were able to be dri | ven from | | A STAN | | _ | | | | |
| the seeme. | | | | | | 1 / / | Pa | (N | | | | |
| | | | | | | | 1 ag | Not To Cooks | | | | |
| | | | | | + . | | 1 /3 | Not To Scale | | | | |
| | | | | | | | 1 | | | | | |
| | | | | | | | 1 | | | | | |
| | | | | <u>8</u> | | | 1 | , | | | | |
| | | | | Tower Road | | | | ` | | | | |
| | | | | Tow | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | ' | 11 I | | | | | | | |
| | | | | | | | | | | | | |
| | TED DATE / TIME | 2,230 | ATCH DATE / TIME | ARRIVAL DATE / TIM | | SCENE CLEARED | | REPORT TAKEN BY POLICE AGENCY | | | | |
| 06/10/2 | 2024 16:50 | 06/ | 10/2024 16:53 | 06/10/2024 16:5 | o8 | 06/10/202 | 4 17:35 | MOTORIST | | | | |
| TOTAL TIME | OTHER INVESTIGATION TIME | TOTAL | OFFICER'S NAME* | | HECKED BY OFFICE | R'S NAME* | | | | | | |
| KOADWAY CLOSED | INVESTIGATION TIME | MINUTES | Terrion, Daniel | | Gaede, Seth | | | | | | | |
| | | 42 | 1907 | ADGE NUMBER* | CHECKED B | BY OFFICER'S BADGE NUMBER* (CORRECTION OR ADDIT TO AN EXISTING REPORT SEN | | | | | | |
| | | | 1 | 622 | 2 1608 7 A ODES) | | | | | | | |

51 - WALL

37 - TRAFFIC SIGN POST

| MOST HARMFUL EVENT

- GUARDRAIL FACE

| FIRST HARMFUL EVENT

3 - UNDETERMINED

55

| | LOCAL REPORT NUMBER | | | | | | | | |
|---------------------------------------|--|---|--|--|--|--|--|--|--|
| | | 4-32806 | | | | | | | |
| AME AS DRIVERS | | AMAGE | | | | | | | |
| | 1 - NONE L_2 2 - MINOR DAMA | MAGE SCALE 3 - FUNCTIONAL DAMAGE GE 4 - DISABLING DAMAGE UNKNOWN | | | | | | | |
| E AREA CODE | | AGED AREA(S) | | | | | | | |
| CLE MAKE | | E ALL THAT APPLY | | | | | | | |
| EVROLET LE MODEL UINOX | 11 12 1 | 10 12 1 | | | | | | | |
| AL ACARD ID # | 9 y 3 3 3 4 8 7 5 5 5 | 9 12 12 7 6 5 | | | | | | | |
| /SKATER R (ANY TYPE) I-MOTORIST | 10 9 | 12 1 2 2 9 3 3 3 | | | | | | | |
| OR HIT/SKIP | 12 | 8 1 1 7 1 5 6 5 12 | | | | | | | |
| NAM | 10 11 12 2 | 10 12 1 2 2 3 3 3 3 | | | | | | | |
| CARRIER R / UNKNOWN | 8 7 6 5 4 | 8 7 6 5 4 | | | | | | | |
| R / UNKNOWN | 9 12 3 | 12 12 12 | | | | | | | |
| R / UNKNOWN | 6 | | | | | | | | |
| R / UNKNOWN | ☐- NO DAMAGE [1 | 0] L- UNDERCARRIAGE [14] - ALL AREAS [15] IT NOT AT SCENE [16] | | | | | | | |
| A NNKNOMN FO AEHICTE FO AEHICTE | 0 - NO DAMAG 8 1-12 - REFER TI DIAGRAN 13 - TOP | D UNIT 15 - VEHICLE NOT AT SCENE | | | | | | | |
| ING DOOR INTO | | TRAFFIC CONTROL | | | | | | | |
| way R improper N | 1 - ONE-WAY 2 - TWO-WAY | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN | | | | | | | |
| | # OF THROUGH LANES | 3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING | | | | | | | |
| BY FALLING, | on ROAD | 1 - NOT INVLOVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | | | | | | | |
| S CARGO OR NG SET IN | UNIT / NON- | MOTORIST DIRECTION | | | | | | | |
| BY A MOTOR | | 1 - NORTH 5 - NORTHEAST | | | | | | | |
| MOVABLE | _{яком} 1 то 2 | 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | | | | | | | |
| G Comp | UNIT SPEED | DETECTED SPEED | | | | | | | |
| UNKNOWN | 35 | 1 - STATED / ESTIMATED SPEED | | | | | | | |
| | | 1 1 12 - CALCULATED / EDR | | | | | | | |

| UNIT # OWNER NAME: LAST, FIRST, MIDDLE ([] SAME AS DRIVER) | OWNER PHONE:::GCLUDE ARI | EA CODE (SAME AS DAMES) | DAMAGE | | | | |
|---|--|--|--|---|--|--|--|
| 2 MYCOSKIE, AZA, ARIANNA | | | DAMAGE SCALE | | | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAVE AS DEMAN) | | | 1 - NONE 3 - FUNCTIONAL DAMAGE 1 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE | | | | |
| 423 SEVILLE ROAD, WADSWORTH, OH, 44281 | | ONE | 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | COMMERCIAL CARRIER PH | DINE: MCLUDE AREA CODE | 9 - UNKNOWN DAMAGED AREA(S) | | | | |
| LP STATE LICENSE PLATE # VEHICLE IDENTIF | ICATION # VEHICLE YEAR | VEHICLE MAKE | INDICATE ALL THAT APPLY | | | | |
| OH KFR5540 3GNAXJEV8J | · | CHEVROLET | 12 | 69 | | | |
| INSURANCE INSURANCE COMPANY INSURANCE | CE POLICY # COLOR | VEHICLE MODEL | " " | | | | |
| | 1 212 | EQUINOX | 10 11 1 2 | 10 11 1 2 | | | |
| COMMISSION CONTRACT TIN EMERGENCY | DOT # TOWED BY: COMPANY N | | 2 7 7 3 | | | | |
| | HT GVWR/GCWR HAZARDOU 10K LBS. HAZARDOU | S MATERIAL | | | | | |
| DEVICE HIT/SKIP UNIT | 0.001 - 26K LBS. KELEASED | S# PLACARD ID# | 8 2 4 | * 7 5 74 | | | |
| | 26K LBS. PLACARD | | 5 | 12 | | | |
| 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF 2 - PASSENGER VAN 7 - MOTORCYCLE 2-WHEELED 13 - SNOW | | PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE) | , <u> </u> | 12 | | | |
| MINIVAN) 8 - MOTORCYCLE 3-WHEELED 14 - SINGL UNIT TYPE 3 - SPORT UTILITY 9 - AUTOCYCLE TRUCK | EUNIT 20 - OTHER VEHICLE 25 - | OTHER NON-MOTORIST | <u>~</u> 1 | 10 12 2 | | | |
| 10 - MOPED OR MOTORIZED 15 - SEMI- | FRACTOR 21 - HEAVY EQUIPMENT 26 - | BICYCLE TRAIN | 9 [| 9 3 3 | | | |
| 4 - PICK UP BICYCLE 16 - FARM 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE 17 - MOTO | ANIMAL-DRAWN VEHICLE OG _ | UNKNOWN OR HIT/SKIP | 7. | 753,7 | | | |
| | | | * 🔾 | | | | |
| 2 | | | " | 6 1 17 | | | |
| MODE WHEN CRASH OCCURRED? 0 - NO AI | JTOMATION 3 - CONDITIONAL AUTOMATION R ASSISTANCE 4 - HIGH AUTOMATION | 9 - UNKNOWN | 10/11/2 | 10 11 1 2 | | | |
| 2 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS 2-PARTI | ALAUTOMATION 5 - FULL AUTOMATION | | 10 2 | | | | |
| MODE LEVEL | | | | 9 9 3 3 | | | |
| 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FI 4 2 - TAXI 7 - BUS - INTERCETY 12 - M | RE 16 - FARM ILITARY 17 - MOWING | 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | 8 7 5 | | | | |
| 3 - ELECTRONIC RIDE 8 - BUS - SHUTTLE 13 - P | DUCE 18 - SNOW REMOVAL | | 7 5 | 7 6 5 | | | |
| FUNCTION 4 - SCHOOL TRANSPORT 10 - AMBULANCE 15 - C | JBLIC UTILITY 19 - FOWING ONSTRUCTION EQUIP. 20 - SAFETY SERVICE | | 6 | 6 | | | |
| \$ - BUS - TRANSIT/COMMUTER | PATROL | | | 12 12 12 | | | |
| 1 INOT EDUCATION | AIN/CHIPS/GRAVEL 11 - DUMP | 99 - OTHER / UNKNOWN | 12 8 B | | | | |
| CARGO 2 - BUS CONTAINER CHASSIS 9 - CA | LE 12 - CONCRETE MIXER RGO TANK 13 - AUTO TRANSPORTER | | я Д я | 1 9 T 3 9 T 3 | | | |
| PARY 3 - VEHICLE TOWING 6 - CARGOVAN | AT BED 14 - GARBAGE/REFUSE | | | | | | |
| | DRN OR SLICK TIRES 9 - MOTOR TROUBLE | 99 - OTHER / UNKNOWN | 6 | j e j | | | |
| VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TR | ALER EQUIPMENT 10 - DISABLED FROM PRIOR FECTIVE ACCIDENT | | | 6 6 6 | | | |
| DEFECTS 6 - TIRE BLOWOUT DE | ACCIDENT | | O- NO DAMAGE [| 0] | | | |
| | DULDER/ROADSIDE 10 - DRIVEWAY ACCESS | 99 - OTHER / UNKNOWN | - | j | | | |
| NON- 2 - INTERSECTION - 5 - TRAVEL LANE - | EWALK 11 - SHARED USE PATHS OR TRAILS | | ☐-TOP[13] | - ALL AREAS (15) | | | |
| MOTORIST LINMARKED CROSSWALK OTHER LOCATION 9 - ME | DIAN/CROSSING 12 - FIRST RESPONDER AND AT INCIDENT SCENE | | תט - □ | IT NOT AT SCENE [16] | | | |
| 1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEA | VING TRAFFIC 15 - WALKING, RUNNING, | 21 - STANDING OUTSIDE | INITIAI | OINT OF CONTACT | | | |
| 2 - NON-COLLISION 2 - BACKING LAN 2 - NON-COLLISION 1 3 - CHANGING LANES 10 - PA | | DISABLEO VEHICLE 99 - OTHER / UNKNOWN | 0 - NO DAMAG | 1 | | | |
| 4 - OVERTAKING/PASSING 11 - SL | OWING OR STOPPED 17 - PUSHING VEHICLE | 22 - OTHER / GIVENOWN | 8 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE | | | | |
| ACTION 4-STRUCK ACTIONS 6-MAKING LEFT TURN 12-DE | RAFFIC 18 - APPROACHING OR LIVERLESS LEAVING VEHICLE | | DIAGRAN | 99 - UNKNOWN | | | |
| 9, CTDLICY | GOTIATING A CURVE 19 - STANDING TERING OR CROSSING 20 - OTHER NON-MOTORIS' | | 13 - ТОР | | | | |
| 9 - OTHER / UNKNOWN LANE SP | ECIFIED LOCATION | | Ţ | RAFFIC | | | |
| 1 · NONE 8 · FOLLOWING TOO CLOSE 13 · IM 2 · FAILURE TO YIELD /ACDA AF | PROPER START FROM 18 - OPERATING DEFECTIVE ARKED POSITION EQUIPMENT | 23 - OPENING DOOR INTO ROADWAY | TRAFFICWAY FLOW | TRAFFIC CONTROL | | | |
| 3 - RAN RED LIGHT 9 - IMPROPER LANE 14 - ST | OPPED OR PARKED 19 - LOAD SHIFTING EGALLY /FALLING/SPILLING | 99 - OTHER IMPROPER ACTION | 1 - ONE-WAY 2 - TWO-WAY | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN | | | |
| 5 - UNSAFE SPEED 10 - IMPROPER PASSING 15 - SV | VERVING TO AVOID 20 - IMPROPER CROSSING | ACTION . | | 3 - FLASHER 6 - NO CONTROL | | | |
| CONTRACTO | RONG WAY 21 - LYING IN ROADWAY SION OBSTRUCTION 22 - NOT DISCERNIBLE | | # OF THROUGH LANES | RAIL GRADE CROSSING | | | |
| 2 | | | ON ROAD | 1 - NOT INVLOYED | | | |
| SEQUENCE OF EVENTS | EVENTS | | 121 | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | | | |
| | | 23 - STRUCK BY FALLING, SHIFTING CARGO OR | | 3 - INVOLVEU-PASSIVE CKOSSING | | | |
| 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PE | DESTRIAN TRANSPORT | ANYTHING SET IN | UNIT / NON- | MOTORIST DIRECTION | | | |
| | DALCYCLE 21 - PARKED MOTOR ULWAY VEHICLE VEHICLE | MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE | | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST | | | |
| EOSS OR SHIFT OPPOSITE DIRECTION 17 - AI | NIMAL - FARM 22 - WORK ZONE NIMAL - DEER MAINTENANCE | OBJECT | . 1 | 3 5457 3 5015715157 | | | |
| 3 | EQUIPMENT | | _{FROM} 1 то 2 | 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | | | |
| 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 38 - O' | | 52 - BUILDING | | 3 - OTHER / GIVENOWN | | | |
| 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER SU | PPORT 47 - MAILBOX | 53 – TUNNEL 54 – OTHER FIXED | UNIT SPEED | DETECTED SPEED | | | |
| | ILITY POLE 48 - TREE THER POST, POLE 49 - FIRE HYDRANT | OBJECT 99 – OTHER / UNKNOWN | ı 35 ı | 1 - STATED / ESTIMATED SPEED | | | |
| ABUTMENT 35 - MEDIAN CONCRETE OF | SUPPORT S0 - WORK ZONE | | | | | | |
| 6 28 - BRIDGE PARAPET BARRIER 42 - CL 29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 43 - CL | IRB EQUIPMENT | l | POSTED SPEED | 2 - CALCULATED / EDR | | | |
| 30 - GUARDRAIL FACE 37 - TRAFFIC SIGN POST 44 - Di | | | , ÇE | 3 - UNDETERMINED | | | |
| 1 FIRST HARMFUL EVENT 1 MOST HARMI | UL EVENT | | 55 | | | | |

| | Oraco Depri | N PROPERTY | OTOBIST / N | ON- | Ma | TOE | PICT | | | | | LOCAL RE | | | | *************************************** | |
|--|---------------------------------------|-------------------------------------|--|----------------------|---------------------------------|---|--|--------------|--|---|--|--|-----------------|-------------------------------|-------------------------------|---|--|
| OND DEPARTMENT MOTORIST / NON-MOTORIST UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | 24-32806 | | | | | | | | | |
| | JNII # | SCHRADER, DONNA, JEAN | | | | | | | DATE OF BIRTH | | | | AGE | GENDER | | | |
| . A | DDRESS: | STREET, CITY, | | | | | | | | CONT | 05/04/1962 62 CONTACT PHONE - INCLUDE AREA CODE | | | | | <u> </u> | |
| 7 | 290 SPI | PENCER LAKE ROAD, MEDINA, OH, 44256 | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| N-MC | | INJURED E | EMS AGENCY (NAME) | | INJURED | TAKEN TO: | MEDICAL FACILITY (HAVE, | CITY) | SAFETY EQUIPMENT USED | Про | T-Complian | SEATING POSITION | AjR BA | G USAGE | EJECTIO | N TRAPPED | |
| M-NON / | | BY 1 | | | | | <u>. </u> | | 4 | | HELMET | 1 | | 1 | 1 | 1 | |
| ortolists O | L STATE | OPERATOR L | ICENSE NUMBER | | OFFENS | SE CHARG | SED | LOCAL | OFFENSE DESCR | PTION | MOIT | | | CITATION NUMBER | | | |
| ğ | ОН | | 1 | | 4511. | | | | RIGHT OF WAY WHEN TURNING LEFT | | | Y450 | | | | | |
| ſ | L CLASS | ENDORSEMEN | RESTRICTION SELECT UP TO 3 | 1 | IIVER STRACTED | | | | CONDITION | A SUTATS | ALCOHOL TEST STATUS TYPE VALUE S | | STATUS | DRUC TYPE | RESULTS | SELECT UP TO 4 | |
| Ĺ | 4 | М | 3 | ВУ | | hd | ER DRUG | | 1 | 1 | 1 | | 1 | 1 | | *************************************** | |
| | UNIT # | NAME: LAST | , FIRST, MIDDLE | | | | | | | T | Di | ATE OF BIRTH | | | AGE | GENDER | |
| L | 2 | 1 | E, AZA, ARIANNA | | | | · | | | | 0 | 7/09/1999 | | | 24 | F | |
| ź | | STREET, CITY, | | \ 4 | | | | | | CONT | ACT PHO | NE - INCLUDE A | REA CODE | | | | |
| ⊡— | | | WADSWORTH, OH, 4428 EMS AGENCY (NAME) | <u> </u> | INJURED | TAKEN TO: I | MEDICAL FACILITY (HAVE, | спу) | SAFETY EQUIPMENT | | | SEATING | AIR BA | G USAGE | EJECTION | N TRAPPED | |
| OTORIST/NON-W | | TAKEN BY 11 | With Married Asserts | | | | The second secon | , | USED 4 | | T-COMPLIAN HELMET | | | 1 | 1 | | |
| <u> </u> | | 1 | ICENSE NUMBER | | OFFEN | SE CHARG | GED | LOCAL | OFFENSE DESCR | IPTION | | <u> </u> | CITATION NUMBER | | 1 | | |
| NO. | ОН | | 1 | | | | | CODE | | | | | | | | | |
| ₹— | L CLASS | ENDORSEME | NT RESTRICTION SELECT UP TO 3 | DR | <u>I</u> UVER | ALCOI | HOL / DRUG SUSPE | | CONDITION | A | СОНО | _ TEST | | DRUG | TEST(| S) | |
| | 4 | | | DIS BY | STRACTED | | | JANA | 1 | SYATUS | TYPE | VALUE | STATUS | TYPE | RESULTS | SELECT UP TO 4 | |
| <u>.</u> | UNIT# | NAME: LAST | , FIRST, MIDDLE | | 1 | Поіне | ER DRUG | | 1 | 1 | 1 D | ATE OF BIRTH | 1 | 1 | AGE | GENDER | |
| | | | , I How y in the an | | | | | | | | | (12 G, 2, | | | No. | GLIID | |
| | DDRESS: | STREET, CITY, | STATE, ZIP | | | *************************************** | | | | CONT | ACT PHO | VE - INCLUDE A | REA CODE | | | | |
| | | | | | | | | | | L., | | | | | | | |
| | | TAKEN | EMS AGENCY (NAME) | - | INJURED | TAKEN TO: I | MEDICAL FACILITY (HAVE, | CITY) | SAFETY EQUIPMENT USED | | T-Computan | SEATING T POSITION | AIR BA | G USAGE | EJECTION | N TRAPPED | |
| <u> </u> | | ВУ | | | | | | L-JMC HELMET | | | | | | | | | |
| OTORIST / NON-M | L STATE | OPERATOR L | ICENSE NUMBER | | OFFENS | OFFENSE CHARGED LOCAL OFFENSE DESCRI | | | IPTION | ידוסא | | | | CITATION NUMBER | | | |
| 5 | L CLASS | ENDORSEME | NT RESTRICTION SELECT UP TO 3 | The | DRIVER ALCOHOL / DRUG SUSPECTED | | | CONDITION | А | ALCOHOL TEST | | | DRUG TEST(S) | | | | |
| | | | 11.201.121.101.101.101 | | STRACTED | | · — | | | STATUS | TYPE | VALUE | SUTATE | TYPE | | SELECT UP TO 4 | |
| Ļ | | | _ | , | | hd | ER DRUG | | , | | <u> </u> | • | | | <u> </u> | | |
| 1 - F | INJU ATAL | URIES | SEATING POSITION 1 - FRONT - LEFT SIDE | Acres as a second | AIR BAC | 6 | OL CLAS | 5 5 | OL RESTRIC | er ja er er er er er er | and grant the same | /ER DISTRACTED | 经分类的现代证据 | 1.11年度19年 | L ESTUSIV. NE GIVEN | ATUS | |
| 2 - S | USPECTED | SERIOUS | (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE | 3 - DEPLO | OYED FROM OYED SIDE | | 1 - CLASS A 2 - CLASS B | | DEVICE 2 - CDL INTRASTAT | | 2 - MA | NUALLY OPERAT | | 2 - TEST | T REFUSED T GIVEN, | | |
| 3 - S | JJURY USPECTED | MINOR | 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE | FRON | DAED BOTH | | 3 - CLASS C | | 3 - CORRECTIVE LEI 4 - FARM WAIVER | | CO | MMUNICATION D | DEVICE | CON | | ED SAMPLE | |
| 1.7 | JURY OSSIBLE IN | JURY | (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE | | APPLICABLE DYMENT UN | | 4 - REGULAR CLA (OHIO = D) | SS | 5 - EXCEPT CLASS A 6 - EXCEPT CLASS A | | AIC JAT - E | LING) KING ON HAND | | 4 - TEST | T GIVEN, ULTS KNOV | MN | |
| 5 - N | O APPAREI | NT INJURY | 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE | | EJECTIO | N | 5 - M/C MOPED C | ONLY | & CLASS B BUS 7 - EXCEPT TRACTO | | 4 - TAI | MMUNICATION I KING ON HAND MMUNICATION I | -HELD | 5 - TEST | T GIVEN, ULTS UNKN | | |
| 1977 | eteriojojet ere er | TAKEN BY | (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE | 1 - NOT E | EJECTED | | 6 - NO VALID OL | | 8 - INTERMEDIATE I RESTRICTIONS 9 - LEARNER'S PERM | | 5 - OTI | HER ACTIVITY WI CTRONIC DEVICE | TH AN | ALCO | HOLT | ST TYPE | |
| 10.0 | | ISPORTED AT SCENE | 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION | 3 - TOTAL | IALLY EJECTE LLY EJECTED |) | OL ENDORS | EMENT | RESTRICTIONS 10 - LIMITED TO DA | | 6 - PAS | SSENGER HER DISTRACTION | | 1 - NON 2 - BLOC | | | |
| 2 - E | MS OLICE | | OF TRUCK CAB 11 - PASSENGER IN | green and the second | APPLICABLE TRAPPE | | H - HAZMAT M - MOTORCYCLI | E | ONLY 11 - LIMITED TO EM | | INS | IDE THE VEHICLE HER DISTRACTIO | | 3 - URIN 4 - BREA | 4 | | |
| | | NKNOWN | OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, | 1 - NOT T | TRAPPED | | P - PASSENGER | | 12 - LIMITED - OTH 13 - MECHANICAL I | ER | OU | TSIDE THE VEHIC HER / UNKNOWN | LE | 5 - OTH | ER | | |
| ***** | | QUIPMENT | BUS, PICK-UP WITH CAP) 12 - PASSENGER IN | MECH | CATED BY IANICAL ME | ANS | N - TANKER Q - MOTOR SCOO | OTER | (SPECIAL BRAKI CONTROLS, OR | ES, HAND | | CONDITION | N | 1 - NON | | TYPE | |
| 1 - N | ONE USEC | D | 13 - TRAILING UNIT | |) BY MECHANIC | AL MEANS | R - THREE-WHEEL MOTORCYCLE | | ADAPTIVE DEVI 14 - MILITARY VEHI | CES) CLES ONL | 2 - PHY | ARENTLY NORM | ENT | 2 - BLOO 3 - URIN | VE | | |
| U | SED | BELT ONLY | 14 - RIDING ON VEHICLE EXTERIOR | | | | S - SCHOOL BUS | | 15 - MOTOR VEHIC WITHOUT AIR I | RAKES | ES 3 - EMOTIONAL (E.G., RAKES DEPRESSED, ANGRY, | | | 4 - OTHER DRUG TEST RESULT(S | | | |
| 4 - S | 1 0 0 0 1 1 1 | & LAP BELT | (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN | | | | T - DOUBLE & TRI TRAILERS | | 16 - OUTSIDE MIRR 17 - PROSTHETIC A 18 - OTHER | | 4 - ILU | VESS | | 1 - AMPI | HETAMINE | S | |
| 5 - C | | RAINT SYSTEM | 99 - CIMERY DIVINOVA | | | | X - TANKER / HAZ | ZMAT | 'Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | FAT | L ASLEEP, FAINTE IGUED, ETC. | | 3 - BENZ | BITURATES ZODIAZEPII | NES | |
| 6 - C | | RAINT SYSTEM | | | | | GENDE | R | | | MEI | DER THE INFLUEN DICATIONS / DRU | | 4 - CANI 5 - COCA | nabingid: Aine | 5 | |
| 7 - B | REAR FACII OOSTER SE | EAT | | | | | F - FEMALE | | | | | OHOL 1ER / UNKNOWN | | 6 - OPIA 7 - OTHE | ITES / OPIO ER | NDS | |
| 9 - P | | PADS USED | | | | | M - MALE U - OTHER / UNKI | NOWN | | | | | | 8 - NEGA | ATIVE RESU | ILTS | |
| 10 - | REFLECTIVE | NEES, ETC) E CLOTHING | | | | | | | | | | | | | | | |
| | HIGHTING - BICYCLE C OTHER / UI | | | | | | | | | | | | | | | | |

| OCCUPANT / WITNESS ADDENDUM | | | | | | | local report number 24–32806 | | | | | | |
|-----------------------------|--|--|-----------------------|---|---|--|---|---|--|---|-------------|-----------|--|
| | UNIT # | | ST, FIRST, MIDDLE | | | | ļ-, | DA | GENDER | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | |
| NVdO | ADDRESS: | STREET, CITY | Y, STATE, ZIP | | | | | CONTACT PHONI | E - INCLUDE AR | ea code | | | |
| ä | INJURIES | INJURED | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (N | AVE, Crity) | SAFETY EQUIPMENT | <u>. </u> | SEATING | AIR BAG USA | GE EJECTIO | 1 TRAPPED | |
| | | TAKEN BY | | | | | | MC HELMET | POSITION | | | | |
| ì | UNIT # | NAME: LA | ST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | AGE | GENDER | |
| | | | | | | | | | | | | | |
| NVdnos | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 8 | INJURIES | INJURED | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (N. | AME, CITY) | SAFETY EQUIPMENT | 207.5 | SEATING | AIR BAG USA | GE EJECTION | N TRAPPED | |
| | TAKEN BY | | | | | | | DOT-COMPLIANT MC HELMET | POSITION | | | | |
| | UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | DA | TE OF BIRTH | | AGE | GENDER | |
| 3 | | | | | | | | | | | | | |
| dwanoo | ADDRESS: | STREET, CIT | Y, STATE, ZIP | | | | | CONTACT PHONI | E - INCLUDE AR | EA CODE | | | |
| 8 | INJURIES | | EMS AGENCY (NAME) | ······· | INJUREO TAKEN TO: MEDICAL FACILITY (18 | AME, CITY) | SAFETY EQUIPMENT | r—(DOT-Сомных) | SEATING | AIR BAG USA | GE EJECTION | TRAPPED | |
| | | TAKEN BY | | | - | | <u></u> | MC HELMET | POSITION | | \perp | | |
| ľ | UNIT # | NAME: LA | ST, FIRST, MIDDLE | | - | | | DA | TE OF BIRTH | | AGE | GENDER | |
| | ADDRES (VOICE CITY TO | | | | | | | | | | | | |
| CCUPAN | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| ŏ- | INJURIES | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (1) | AVE, CITY) | SAFETY EQUIPMENT | DOT-Сомяцинт | SEATING POSITION | AIR BAG USA | GE EJECTION | TRAPPED | |
| Į | | BY | | | | | | MC HELMET | | | | | |
| F | e de la composition della comp | HERRICH | JURIES | ig earlyspanis recently | Y EQUIPMENT USED | 1 500 | SEATING POS | SITION | | AIR BAG | USAGE | | |
| | 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD RESTRAIN | | | | OCCUPANT (MOTORCYCLE DRIVE | | | R) 1 - NOT DEPLOYE R) 2 - DEPLOYED FRO | | | | | |
| | | | | DER & LAP BELT USED 4 - SECOND - LEFT SIDE (MOTORCYCLE PASS RESTRAINT SYSTEM - 5 - SECOND - MIDDLE | | | 3 - DEPLOYED | | | SIDE | | | |
| | | | | | | | NGER) | 4 - DEPLOYED BOTH FRONT/SIDE | | | | | |
| L | | | | | | | ND - MIDDLE | | 5 - NOT APPLICABLE | | | | |
| ľ | 1 - NOT | A STATE OF THE STA | O TAKEN BY ORTED / | | RD FACING RESTRAINT SYSTEM - | O - LEFT SIDE | 9 - DEP | | OYMENT U | N | | | |
| | Arrest Park Section | ATED AT S | CENE | | ECTIVE PADS USED 11 - PASSENGER IN OTI DWS, KNEES, ETC) CARGO AREA (NON- SUCH AS A BUS, PICK- 12 - PASSENGER IN UN CARGO AREA CARGO AREA | | | | | EJECTION | | | |
| | 2 - EMS 3 - POL | | | 8 - HELMET | | | | E TOUCK CAR | | 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED | | | |
| | 9 - OTH | IER / UNK | NOWN | 9 - PROTEC | | | | 医内内静脉 医皮肤 化二氯甲甲基甲甲基甲基甲甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲 | | | | | |
| | | GI | NDER | | | | | P WITH CAP) | 4 - NOT APPLICABLE TRAPPED 1 NOT TRAPPED | | | | |
| ľ | F - FEM | | | 11 - LIGHTI | | | | NCLOSED | | | | | |
| | M - MA | ιLE | | 항상을 하다 하다는 때문에 | CLE ONLY | ILING UNIT | EVTEDIOD | 1 - NOT TRAPPED 2 - EXTRICATED BY | | | | | |
| | U - OTI | HER / UNI | KNOWN | | | (NON-TRAILING UNI | | | MECHANICAL MEANS | | | | |
| | | | | | | | N-MOTORIST IER / UNKNOWN | l | 3 - FREEI NON- | MECHANK MECHANK | CAL MEA | NS | |
| | NAME: LAS | ST, FIRST, MI | DDLE | | a managa aka kasaran menangan di Santa kanagasa | W | A Section of the section of the section | | TE OF BIRTH | | AGE | GENDER | |
| SSENIESS | | | | | | ······································ | | 1 | | | **** | | |
| M | ADDRESS: | STREET, CIT | Y, STATE, ZIP | | | | | CONTACT PHONE | E - INCLUDE AR | EA CODE | | | |
| S | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH AGE | | | | GENDER | | | |
| SSENLIN | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | | | | | | | | | | | | | |
| 33 | NAME: LAS | ST, FIRST, MI | DDLE | | | | | DA | DATE OF BIRTH | | | GENDER | |
| sseknw | ADDRESS: | STREET, CIT | Y, STATE, ZIP | | mark and a second | | | CONTACT PHONE | E - INCLUDE AR | EA CODE | | <u> </u> | |