TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT *DOBLING STAKEN OH -2 OH -3 OH												
X PHOTOS TAKEN	OH -2	⊒ ^{∪n-3}	24-47602									
☐ SECONDARY CR	ASH OH-1P		rting agency name * tville Police Department	NCIC *	HIT/SKIP 1 - SOLVED	NUMBER OF U		UNIT IN ERROR 98 - ANIMAL				
COUNTY* LOCAL	PRIVATE PE		05213	2 - UNSOLVED	2							
	1 - CHY	ontville (Tow	CRASH DATE / TIME* CRASH SEVERITY									
	3 - TOWNSHIP		08/27/2024 09:40 5 2 - SERIOUS INJU									
ROUTE TYPE ROU	IE NOWBEK PREFIX	1 - NORTH LOC 2 - SOUTH 3 - EAST Dia	41.121840 SUSPECTED 41.121840 SUSPECTED 3 - MINOR INJUR									
	TE NUMBER PREFIX	4 - WEST	ver Styx Erence road name (road, i	MILEPOST. HOUSE #)	RD ROAD TYPE	LONGITUDE	ECIMAL DEGREES	4 -	INJURY POSSIBLE			
ROUTE TYPE ROU	, ,	2 - SOUTH			NOAD TITE		5 - PROPERTY DA					
ELLEBENCE BOIN	T DIRECTIO	4 - WEST	00 River Styx Rd.		01.012	INTERSECTION	NI DEI ATEI	ONLY				
1 - INTERSECTI	FROM REFERE	NCE	ROUTE TYPE RSTATE ROUTE (TP) AL	AY RD - ROAD	M WITHIN INTE	RSECTION OR O		200				
3 2 - MILE POST	1 2 - 50	DUTH	EDALLIS POLITE AV	- AVENUE LA - LANE - BOULEVARD MP - MILEPOS	SQ - SQUARE ST - STREET							
3 - HOUSE #	4 - W	EST SR - STA		- CIRCLE OV - OVAL	TE - TERRACE	WITHIN INTE			BER OF APPROACHES			
DISTANCE FROM REFERENCE	UNIT OF MEA	CR - NU	ABERED COUNTY ROUTE	- COURT PK - PARKWA' - DRIVE PI - PIKE	Y TL - TRAIL WA - WAY		ROAL	WAY				
1.00	1 1 2 1 2-F		MBERED TOWNSHIP HE	- HEIGHTS PL - PLACE	WA-WAI	ROADWAY	DIVIDED					
Loc	ATION OF FIRST HAI			INER OF CRASH COLLISION/	IMPACT	DIRECTION OF TRA	VEL	MEDIA	N TYPE			
1 - ON RO		CROSSOVER - DRIVEWAY/ALLE		COLLISION 4 - REAR-TO-REA WEEN 5 - BACKING	AR	1 - NORTH			USH MEDIAN			
3 - IN MED	DIAN 11	- RAILWAY GRAD	CROSSING TWO	O MOTOR ICLES IN 6 - ANGLE		2 - SOUTH 3 - EAST	1 1	(<4 FEET) DIVIDED FLI	USH MEDIAN			
4 - ON RO 5 - ON GO	March Control of the	 SHARED USE PA TRAILS 	H3 UK	NSPORT 7 - SIDESWIPE, s.		4 - WEST	0.000	' ≥4 FEET) DIVIDED, DEPRESSED MEDIAN				
	DE TRAFFIC WAY 13		2 - REA 3 - HEA	K-EIND	PPOSITE DIRECTION		4 -	DIVIDED, RA	AISED MEDIAN			
7 - ON RA 8 - OFF RA		- TOLL BOOTH - OTHER / UNKNO	INOWN	-	1	(ANY TYPE) OTHER / UN	IKNOWN					
WORK ZONE RE	ATED	v	ORK ZONE TYPE	LOCATION OF CRASH I	N WORK ZONE	CONTOUR	CONDIT	IONS	SURFACE			
WORKERS PRES		1 - LAI	IE CLOSURE	1 - BEFORE THE 1		111	1	1	121			
		200 100	IE SHIFT/ CROSSOVER	WARNING SIG 2 - ADVANCE WA		1 - STRAIGHT	1 - DRY	_	1 - CONCRETE			
LAW ENFORCEM	IENT PRESENT		RK ON SHOULDER MEDIAN	3 - TRANSITION		LEVEL 2 - STRAIGHT	LEVEL 2 - WET 2 - STRAIGHT 3 - SNOW					
ACTIVE SCHOOL	ZONE	12 80000	ERMITTENT OR MOVING WORK	4 - ACTIVITY ARE 5 - TERMINATION		GRADE	4 - ICE		BITUMINOUS, ASPHALT			
		5 - OT	HER			3 - CURVE LEVEL 4 - CURVE GRADE	5 - SAND, MU OIL, GRAV		3 - BRICK/BLOCK 4 - SLAG , GRAVEL,			
LI 1 - DAYLIG	GHT CONDITION		1 - CLEAR	WEATHER 6 - SNOW	9 - OTHER 6 - WATER (STANDING, STONE							
1 1 2 - DAWN	/DUSK		2 2 - CLOUDY	7 - SEVERE CROSSWINDS 7 - SLUSH 9 - OT								
3 - DARK -	ROADWAY NOT LIG	HTED		8 - BLOWING SAND, SOIL, D			9 - OTHER / L	NKNOWN	/ UNKNOWN			
	UNKNOWN ROADW		4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREE 99 - OTHER / UNKNOWN	ZING DRIZZLE							
9 - OTHER	/ UNKNOWN											
NARRATIVE		C. D.										
			the address of 5600. The of her driveway and strucl									
passenger side	of Unit #1. This ev	ent caused Un	it #1 to veer to the right a	nd come								
			I and winched the vehicle lled forward and was off t			1.	[
1		•	ed at the scene. The drive	1		:	600		(= N = D)			
#2 was cited for	improper starting	g/backing (Y45	023).				#2	-				
						_	: 🖺		Not To Scale			
					B							
				l			(1000)					
							##					
						·	#1 ===					
				·		Di	ver Styx Rd.					
						N	roi Otyx Nu.					
CRASH REPORT	ED DATE / TIME	DIS	PATCH DATE / TIME	ARRIVAL DATE /	TIME	SCENE CLEARED	DATE / TIME	-	REPORT TAKEN BY			
08/27/2	024 09:43	08	/27/2024 09:43	08/27/2024 09	9:43	08/27/202	24 10:31		POLICE AGENCY			
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*		CHECKED BY OFFICE	R'S NAME*	MOTORIST					
ROADWAY CLOSED	INVESTIGATION TI		Hazek, Daniel		Searle, Cory	Ca	16/16	S	UPPLEMENT			
10		48	OFFICER'S BAI	DGE NUMBER*	CHECKED B	Y OFFICER'S BADGE	NUMBER*	TO	RRECTION OR ADDITION AN EXISTING REPORT SENT TO (5)			
10		10	1605	1605 ODPS)								



LOCAL REPORT NUMBER

24-47602

UNIT#	OWNER NAME: LAST, FIRST, N	MIDDLE (SAME AS DRA	r(8)	OWNER	PHONE: MICHURE AR	EA CODE (EL SAME AS DRIVER)	DAMAGE							
1 1	PARTEE, RYAN, R.						DAMAGE SCALE							
OWNER AD	DRESS: STREET, CITY, STATE, ZI	P (SAVE AS DRIVER)				***************************************	1 - NONE 3 - FUNCTIONAL DAMAGE							
4312 PO	E RD., MEDINA, OH, 4	44256					4 2 - MINOR DA	MAGE 4 - DISABLING DAMAGE						
COMMERC	AL CARRIER: NAME, ADDRES	S, CITY, STATE, ZIP		Col	MMERCIAL CARRIER PH	ONE: INCLUDE AREA CODE	9 - UNKNOWN							
							DAMAGED AREA(S)							
I D STATE	LICENSE PLATE #	VE	HICLE IDENTIFICATION #	VEHICLE YEAR VEHICLE MAKE			INDICATE ALL THAT APPLY							
	AZZIE		2SJAFCXGH439751		2016	VEHICLE MAKE SUBARU								
	INSURANCE COMPA		INSURANCE POLICY #		COLOR	VEHICLE MODEL	11 12	11 12 1						
VERIFIE	LIBERTY MUTUAL		AOS 288-633151-70 4 9		SIL	FORESTER	10 12							
	TYPE OF USE		US DOT #	Tow	ED BY: COMPANY N									
СОММЕЯ		IN EMERGENCY	03,501,#	JON'S TOWING				9 9 3						
		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCW	R	HAZARDOU MATERIAL CLAS	IS MATERIAL								
DEVICE	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS.		ELEASED	SS# PLACARD ID#	6 4	8 7 7 5 /4						
EQUIPPE			2 - 10.001 - 26K LBS. 3 - > 26K LBS.		LACARD		5	12 7 6						
	1 - PASSENGER CAR 6 - VA	N (9-15 SEATS)		LIMO (LIVE	RY VEHICLE) 23 -	PEDESTRIAN/SKATER	6	11 5						
і 3 і	2 - PASSENGER VAN 7 - MO	OTORCYCLE 2-WHEELE			· · · · · · · · · · · · · · · · · · ·	WHEELCHAIR (ANY TYPE)	10 /	17 22						
		OTORCYCLE 3-WHEELE	D 14 - SINGLE UNIT 20 - TRUCK	OTHER VE	HICLE 25 -	OTHER NON-MOTORIST	_							
UNIT TYPE	VEHICLE 10-N	ITOCYCLE IOPED OR MOTORIZED	15 - SEMI-TRACTOR 21 -	HEAVY EQI		BICYCLE	9	9 3 3						
		CYCLE	16 EADM FOILIDMENT 22"			TRAIN	 							
		LL TERRAIN VEHICLE	17 - MOTORHOME	A CHIVOLE D	gg.	UNKNOWN OR HIT/SKIP	8	/ 1 S 4						
	# of TRAILING UNITS	(U I V)					12	7 6 5 12						
1	WAS VEHICLE OPERATING IN AL	ITONOMOUS					" "	6 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	MODE WHEN CRASH OCCURRE		Ι.		IONAL AUTOMATION	9 - UNKNOWN		10 1 2						
1 2 1	1 W/ 0 110 0 100 0	L	1 - DAIVER ADSISTANCE		JTOMATION		 	_ 10 10 11 1						
L	1-YES 2-NO 9-OTHER/E	NXNOWN AUTONO MODE	DMOUS 2 - PARTIAL AUTOMATION 5 LEVEL	• FULL AU	TOMATION		9 8	3 9 9 3 3						
	1 - NONE	6 - BUS - CHARTER		16 - F	ARM	21 - MAIL CARRIER								
. 1 .	2 - TAXI	7 - BUS - INTERCITY			OWING	99 - OTHER / UNKNOWN								
L	3 - ELECTRONIC RIDE	8 - BUS - SHUTTLE	13 - POLICE	18 - 5	NOW REMOVAL			7 5						
SPECIAL	SHARING 4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY		OWING		6	6						
PONCTION	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUI		AFETY SERVICE ATROL			12 12 12						
	4. NO CARCO PODY TYPE	A LOCCINE	7 CDAINICUIDCICDANII	44 5	21567	AA OTUSE HANKNOWAL	13	A A						
1 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING 5 - INTERMODAL	7 - GRAIN/CHIPS/GRAVEL 8 - POLE	11 - D	ONCRETE MIXER	99 - OTHER / UNKNOWN	g 12							
CARGO	2 - BUS	CONTAINER CHA			UTO TRANSPORTER		R 🖰 R	A = 3 9 T 3 9 80 3						
BODY	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN ÆNCLOSED BOX	10 - FLAT BED	14 - G	ARBAGE/REFUSE									
TYPE							6							
1 1	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES B - TRAILER EQUIPMENT		OTOR TROUBLE ISABLED FROM PRIOR	99 - OTHER / UNKNOWN	· ·	Y 1—1 🐷						
VEHICLE	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE		CCIDENT	`		0 0						
DEFECTS							☐- NO DAMAG	E [0] UNDERCARRIAGE [14]						
	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE	10 - D	RIVEWAY ACCESS	99 - OTHER / UNKNOWN		· · · · · · · · · · · · · · · · · · ·						
	MARKED CROSSWALK	MARKED CROSS	SWALK B - SIDEWALK		HARED USE PATHS		☐- TOP[13]	ALL AREAS [15 }						
HON- MOTORIST	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATK	ON 9 - MEDIAN/CROSSING		R TRAILS IRST RESPONDER			UNIT NOT AT SCENE (16)						
LOCATION	3 - INTÉRSECTION - OTHER	6 - BICYCLE LANE	ISLAND	A	T INCIDENT SCENE									
	1 - NON-CONTACT	1 - STRAIGHT AHEA	D 9 - LEAVING TRAFFIC LANE		ALKING, RUNNING, OGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	INITIA	AL POINT OF CONTACT						
	2 - NON-COLLISION	2 - BACKING 3 - CHANGING LANG			ORKING	99 - OTHER / UNKNOWN	0 - NO DAN	AAGE 14 - UNDERCARRIAGE						
4		4 - OVERTAKING/PA	SSING 11 - SLOWING OR STOPPED	17 - P	USHING VEHICLE		2 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE							
ACTION	A. STRIICK	5 - MAKING RIGHT 1 6 - MAKING LEFT TU			PPROACHING OR EAVING VEHICLE		DIAGRAM 99 - UNKNOWN							
	5 - BOTH STRIKING	7 - MAKING U-TURA			TANDING		13 - TOP							
	& STRUCK	8 - ENTERING TRAF		√G 20 - C	THER NON-MOTORIS	ī								
	9 - OTHER / UNKNOWN 1 - NONE	LANE 8 - EQUIDMANG YOU	SPECIFIED LOCATION	1 10 0	יי מיניניים אוואור מיניניים	23 - OPENING DOOR INTO		TRAFFIC						
	2 - FAILURE TO YIELD	/ACDA	O CLOSE 13 - IMPROPER START FROM A PARKED POSITION		PERATING DEFECTIVE JUIPMENT	ROADWAY	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL						
	3 - RAN RED LIGHT	9 - IMPROPER LANE			OAD SHIFTING	99 - OTHER IMPROPER	2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN						
	4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PAS	ILLEGALLY SING 15 - SWERVING TO AVOID		ALLING/SPILLING IPROPER CROSSING	ACTION	2	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL						
CONTRIBUTION	IG c managers with	11 - DROVE OFF RO			ING IN ROADWAY		\	3 15 21101						
CINCONSTAN	CES 7 - LEFT OF CENTER	12 - IMPROPER BAC	KING 17 - VISION OBSTRUCTION	22 - N	OT DISCERNIBLE		# OF THROUGH LANES	RAIL GRADE CROSSING						
SEQUENCE	of EVENTS						ON ROAD	1 - NOT INVLOVED						
3EGUENC!	OLEARING		EVENTS				2	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING						
₁₁ 20	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF L	JNITS 12 - DOWNHILL RUNAWAY			23 - STRUCK BY FALLING,		2 - WIA OCASO-LAGGIAS CROSSING						
	2 - FIRE/EXPLOSION 3 - IMMERSION	8 - RAN OFF ROAD RI 9 - RAN OFF ROAD LE			OTOR VEHICLE IN IANSPORT	SHIFTING CARGO OR ANYTHING SET IN	UNIT / N	ON-MOTORIST DIRECTION						
. 1 44	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PA	ARKED MOTOR	MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHEAST						
2	5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERU OPPOSITE DIRECT			HICLE	24 - OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST						
_ 1	6 - EQUIPMENT FAILURE	OF TRAVEL	TION 17 - ANIMAL - FARM 18 - ANIMAL - DEER	M	ORK ZONE AINTENANCE	OBJECT	1 11	2 3 - EAST 7 - SOUTHEAST						
3]				QUIPMENT		FROM TO	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN						
l	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	OLLISION WITH FIXED OBJECT - 38 - OVERHEAD SIGN POST			52 - BUILDING		5 · OTHER / ON KNOWN						
4 📖	/ CRASH CUSHION	32 - PORTABLE BARRI	JER 39 - LIGHT / LUMINARIES	46 - FE	NCE	53 - TUNNEL	UNIT SPEED	DETECTED SPEED						
Ι.	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE E 34 - MEDIAN GUARD		47 - M 48 - Ti		54 - OTHER FIXED OBJECT								
5	27 - BRIDGE PIER OR	BARRIER	41 - OTHER POST, POLE	49 - FI	RE HYDRANT	99 - OTHER / UNKNOWN	l 35 l	1 - STATED / ESTIMATED SPEED						
	ABUTMENT , 28 - BRIDGE PARAPET	35 - MEDIAN CONCR BARRIER	ETE OR SUPPORT 42 - CULVERT	М	ORK ZONE AINTENANCE			1 1 12-CALCULATED/EDR						
6	29 - BRIDGE RAIL	36 - MEDIAN OTHER	BARRIER 43 - CURB		QUIPMENT		POSTED SPEED	Z-CALCOBATED/EDK						
	30 - GUARDRAIL FACE	37 - TRAFFIC SIGN PC	OST 44 - DITCH	51 - V	MLL) nr	3 - UNDETERMINED						
1 1	FIRST HARMFUL EVEN	ıт , 1 _г ,	MOST HARMFUL EVENT				35							



1 MOST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

24-47602

	· · · · · · · · · · · · · · · · · · ·						24-47002 DAMAGE						
_	OWNER NAME: LAST, FIRST, N		ER)	OWNER	PHONE: ARCHUDE AR	EA CODE (SAME AS DRAVER)	D A M A G E DAMAGE SCALE						
	CULVER-STROJNY, AN D ress: street, city, state, zi						1 - NONE 3 - FUNCTIONAL DAMAGE						
2	ER STYX, MEDINA, O							MAGE 4-1	DISABLING DAMAGE				
COMMERCI	AL CARRIER: NAME, ADDRESS	S, CITY, STATE, ZIP		Col	MERCIAL CARRIER PH	ONE: ENCLUDE AREA CODE	9 - UNKNOWN						
							DAMAGED AREA(S) INDICATE ALL THAT APPLY						
	LICENSE PLATE #		IICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	INO	CATE ALL ITALIA	rect				
	HMA8549 ICE INSURANCE COMPAR		4RC1CG0GR208411 INSURANCE POLICY #		2016	CHRYSLER	11 12		11 12 1				
X VERIFIED	PROGRESSIVE	•	908313989		COLOR BLU	TOWN & COUNTRY	10	2 1	10 12				
	TYPE OF USE		US DOT #	TOW	ED BY: COMPANY N	1	19 2 2	4					
COMMER	CIAL GOVERNMENT	IN EMERGENCY RESPONSE		<u> </u>			9 9 3	3 9	9 3 3				
INTERLO		# OCCUPANTS V	EHICLE WEIGHT GVWR/GCWI 1 - ≤10K LBS.	I⊟∿	IATERIAL CLAS	S MATERIAL SS # PLACARD ID #		<i>f</i>					
DEVICE	HIT/SKIP UNIT		2 - 10.001 - 26K LBS. 3 - > 26K LBS.		eleased Lacard	11 1			* <u> </u>				
	1 - PASSENGER CAR 6 - VA	IN (9-15 SEATS)			······································	PEDESTRIAN/SKATER	6	11 12	7 6 5				
1 2 1	2 - PASSENGER VAN 7 - MC	OTORCYCLE 2-WHEELED	13 - SNOWMOBILÉ 19 - I			WHEELCHAIR (ANY TYPE)	10/	<u> </u>	_2				
	3 - SPORT UTILITY 9 - AU	OTORCYCLE 3-WHEELED PTOCYCLE	TRUCK 21-1	OTHER VEH HEAVY EQI		OTHER NON-MOTORIST BICYCLE	. ←	10 2	\dashv				
	VEHICLE 10 - N	HOPED OR MOTORIZED	15 - SERR-TRACTOR 22 - 4	ANIMAL W	TH RIDER OR 27 -	TRAIN		. H 3	」 '				
	5 - CARGO VAN 11 - A	LL TERRAIN VEHICLE	17 - MOTORHOME	ANIMAL-DI	RAWN VEHICLE 99.	UNKNOWN OR HIT/SKIP	8		_1				
	# of TRAILING UNITS	(VTV)					12	7 0 5	32				
	WAS VEHICLE OPERATING IN AL		0 - NO AUTOMATION 3	- CONDIT	IONAL AUTOMATION	9 - UNKNOWN	""	6	""				
2	MODE WHEN CRASH OCCURRE	0 0			JTOMATION		10/ 11/	2 1 \	0/ 11/21/2				
<u>2</u>	1-YES 2-NO 9-OTHER/U		MOUS 2 - PARTIAL AUTOMATION 5	- FULL AU	TOMATION		s 10 12 -	1 3 9	\[\begin{array}{c c c c c c c c c c c c c c c c c c c				
	1 - NONE	6 - BUS - CHARTER/		16 - FA	ARM	21 - MAIL CARRIER	- -	}					
111	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - N	OWING	99 - OTHER / UNKNOWN		4	8 7 5 4				
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE 9 - BUS - OTHER	13 - POLICE 14 - PUBLIC UTILITY		NOW REMOVAL DWING		7		5				
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUI	P. 20 - Si	AFETY SERVICE		, and a second s		•				
					ATROL			12 }	12 12				
1 1 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING 5 - INTERMODAL	7 - GRAIN/CHIPS/GRAVEL 8 - POLE	11 - D 12 - O	UMP ONCRETE MIXER	99 - OTHER / UNKNOWN	12 R #	1					
CARGO	2 - BUS 3 - VEHICLE TOWING	CONTAINER CHAS 5 - CARGOVAN			UTO TRANSPORTER		9 (VLV);	9 20 3 9	3 9 🕸 3				
BODY TYPE	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX	10 - FLAT BED	14 - G	ARBAGE/REFUSE		\0/	*	'				
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MC	OTOR TROUBLE	99 - OTHER / UNKNOWN	6	5					
VEHICLE	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE		ISABLED FROM PRIOR ECIDENT			6	6 6				
DEFECTS	5 7792 G SHI S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					□- NO DAMA	SE [0] .	UNDERCARRIAGE [14]				
	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSS	7 - SHOULDER/ROADSIDE		RIVEWAY ACCESS	99 - OTHER / UNKNOWN	□-TOP[13]	[77]	ALL AREAS [15]				
NON-	2 - INTERSECTION -	5 - TRAVEL LANE -	6 - SIDEMAKK	O	HARED USE PATHS R TRAILS			_					
MOTORIST EOCATION	UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	OTHER LOCATIO 6 - BICYCLE LANE	ISLAND		RST RESPONDER FINCIDENT SCENE		L	- UNIT NOT AT S	CENE [16]				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD			ALKING, RUNNING,	21 - STANDING OUTSIDE	INITI	AL POINT OF CON	NTACT				
2	2 - NON-COLLISION	2 - BACKING 3 - CHANGING LANE	LANE S 10 - PARKED		ogging, Playing Yorking	DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DA	MAGE 14 - 1	UNDERCARRIAGE				
[3]	3 - STRIKING PRE-CRASH				USHING VEHICLE PPROACHING OR		1 1	er to unit - 15 - 1 Gram	VEHICLE NOT AT SCENE				
ACTION		6 - MAKING LEFT TU	RN 12 - DRIVERLESS	ì.	AVING VEHICLE		13 - TOP	99 -	UNKNOWN				
	& STRUCK	7 - MAKING U-TURN 8 - ENTERING TRAFF			TANDING THER NON-MOTORIS	Т	13-10						
	9 - OTHER / UNKNOWN	LANE	SPECIFIED LOCATION					TRAFFIC					
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TOO /ACDA	CLOSE 13 - IMPROPER START FROM A PARKED POSITION	EC	UIPMENT	23 - OPENING DOOR INTO ROADWAY	TRAFFICWAY FLOW 1 - ONE-WAY		FIC CONTROL				
12	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY		DAD SHIFTING ALUNG/SPILUNG	99 - OTHER IMPROPER ACTION	2 - TWO-WAY	- 2-SIGN	JNDABOUT 4 - STOP SIGN NAL 5 - YIELD SIGN				
[12]	5 - UNSAFE SPEED	10 - IMPROPER PASS	ING 15 - SWERVING TO AVOID	20 - 11/	PROPER CROSSING		2	6 3-FLAS	SHER 6 - NO CONTROL				
CIRCUMSTANC	G 6 - IMPROPER TURN FES 7 - LEFT OF CENTER	11 - DROVE OFF ROA 12 - IMPROPER BACK			ING IN ROADWAY OT DISCERNIBLE		# OF THROUGH LANES	RAIL G	RADE CROSSING				
<u></u>							ON ROAD		INVLOVED				
SEQUENCE	OF EVENTS		EVENTS:				121	: 1	EVED-ACTIVE CROSSING ELVED-PASSIVE CROSSING				
₁ 20	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	7 - SEPARATION OF U	NITS 12 - DOWNHILL RUNAWAY		NIMAL -OTHER OTOR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR		3 - 1000	EVEC-1705IVE CROSSING				
	3 IMMERSION	9 - RAN OFF ROAD LE	FT 14 · PEDESTRIAN	TR	ANSPORT	ANYTHING SET IN MOTION BY A MOTOR	UNIT / N	ION-MOTORIST D	DIRECTION				
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN 11 - CROSS CENTERLI	15 - PEDALCYCLE NE - 16 - RAILWAY VEHICLE		ARKED MOTOR HICLE	VEHICLE 24 - OTHER MOVABLE		1 - NORTH 2 - SOUTH					
	LOSS OR SHIFT	OPPOSITE DIRECT OF TRAVEL	ION 17 - ANIMAL - FARM		ORX ZONE AINTENANCE	OBJECT		3 - EAST	7 - SOUTHEAST				
3 [6 - EQUIPMENT FAILURE		18 - ANIMAL - DEER	EC	UIPMENT		FROM 4 TO	O 4 - WEST	8 - SOUTHWEST 9 - OTHER / UNKNOWN				
ایر	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	- LLISION WITH FIXED OBJECT 38 - OVERHEAD SIGN POST	45 - E	ABANKMENT	52 - BUILDING			, Julia Juanoian				
"	CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIS 33 - MEDIAN CABLE B			AILBOX	53 - TUNNEL 54 - OTHER FIXED	UNIT SPEED	D	DETECTED SPEED				
5	STRUCTURE 27 - BRIDGE PIER OR	34 - MEDIAN GUARDR BARRIER		48 - TF 49 - FI	REE	OBJECT 99 - OTHER / UNKNOWN	5 1	1	- STATED / ESTIMATED SPEED				
	ABUTMENT	35 - MEDIAN CONCRE	TE OR SUPPORT	50 - W	ORK ZONE AINTENANCE	-		1					
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 36 - MEDIAN OTHER B		EC	QUIPMENT		POSTED SPEED		- CALCULATED / EDR				
. 4	30 - GUARDRAIL FACE	37 - TRAFFIC SIGN PO		51 - W	ALL		l 35 i	3-	- UNDETERMINED				
■ {	FIRST HARMFUL EVEN	13 1 1 1	MOST HARMFUL EVENT					I					

MOTORIST / NON-MOTORIST												local report number 24-47602										
	UNIT #													DATE OF BIRTH AGE GENDER								
	1	PARTEE, JUNE												06/18/1969 55						F		
IST	ADDRESS:	S: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE									
OTORIST / NON-MOTOR		DE RD., MEDINA, OH, 44256																				
M-NC	INJURIES	TAKEN	EMS	AGENCY (NAME)		1	NJURED 1	TAKEN TO: P	MEDICAL	FACILITY (HAME,	CITY)		AFETY EQUIPMENT SED		Г-Сомры		SEATING POSITION	AIR BA	IG USAG	E EJECTIOI	N TRAPPED	
Į,	5	8Y _ 1 ,										1	4	<u>L</u>	HELME	<u> </u>	1	<u> </u>	1	1	1	
ORIS		OPERATOR	LICE	NSE NUMBER		•	OFFENS	E CHARG	ED		LOCAL		OFFENSE DESCRI	PTION				CITA	TION N	UMBER		
ΝO	OH	FURANCE						T				1		ALCOHOL TEST					DRUG TEST(S)			
I	OL CLASS	ENDORSEM	ENII	RESTRICTION SELECT UP TO 3	[R ACTED		-	DRUG SUSPE			CONDITION	STATUS	TYPE		VALUE	STATUS	TYPE	\neg	SELECT UP TO 4	
	4				E	1		OTHE	R DRUG				1	1	1			1	1			
I	UNIT #	NAME: LAS	T, FIF	RST, MIDDLE												DATE	OF BIRTH			AGE	GENDER	
I	2	L		OJNY, JAYME, MARIE										ļ		09/2	26/1991			32	F	
ORIS		STREET, CITY		те, zip DINA, OH, 44256										CONTACT PHONE - INCLUDE AREA CODE								
MOI	INJURIES			AGENCY (NAME)		l I	NJURED 1	TAKEN TO: N	MEDICAL	FACILITY (NAME,	CITY)	s	AFETY EQUIPMENT	-	·····	Т	SEATING	AIR BA	G USAG	E EJECTIO	N TRAPPED	
V-NON/	5	TAKEN BY 1											5ED 4		HELME		POSITION 4		1	1	1	
YORIST	OL STATE	OPERATOR	LICE	NSE NUMBER		(OFFENS	E CHARG	ED		LOCAL	Ť	OFFENSE DESCRI	PTION			CITATION NUMBER					
0.0	ОН					.	4511.	38					IMPROPER ST	ARTING AND BACKING				Y45023				
2	OL CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3		RIVE		I	-	ORUG SUSPE		Ť	CONDITION	ALCOHOL TEST				DRUG TEST(S)				
ı	4				E	37 1	ACTED		HOL R DRUG	MARUU	JANA		1	status 1	TYPE 1		VALUE	STATUS 1	TYPE 1	RESULTS	SELECT UP TO 4	
ì	UNIT #	NAME: LAS	ST, FIF	RST, MIDDLE								_				DATE	OF BIRTH		Ť	AGE	GENDER	
YORISI	ADDRESS:	STREET, CITY	STA	TE, ZIP										CONT	ACT PH	ONE	- INCLUDE AI	REA CODE				
M-NON	INJURIES	INJURED TAKEN BY	EMS	AGENCY (NAME)		I	NJURED	TAKEN TO: I	MEDICAL	FACUTY (NAME,	CITY)		AFETY EQUIPMENT SEO	DOT-COMPLIANT POSITION MC HELMET			AIR BA	G USAG	E EJECTIO	N TRAPPED		
151/	OL STATE	OPERATOR	LICE	NSE NUMBER		٦,	OFFENS	E CHARG										TATION NUMBER				
MOTOR							CODE					ALCOHOL TEST					DRUG TEST(S)					
	OL CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3	0		R ACTED			DRUG SUSPE			CONDITION	AL STATUS	TYPE		VALUE	STATUS	TYPE	\neg	SELECT UP TO 4	
					E	BY		ОТНЕ	R DRUG	1												
		JRIES		SEATING POSITION	1 - NO		R BAC	3		OL CLAS	SS		OL RESTRICT	with a straight to	(2004)	Çeliri biri	R DISTRAC	TION		EST ST	ATUS	
	FATAL SUSPECTED	SERIOUS		(MOTORCYCLE DRIVER)		LOYE	D FRONT	Г		LASS A LASS B		1	- ALCOHOL INTERI DEVICE		2-1		ISTRACTED ALLY OPERAT	ING AN	2 - TES	NE GIVEN T REFUSED		
	INJURY SUSPECTED	MINOR		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 1 - SECOND - LEFT SIDE	4 - DEF		р вотн			LASS C			: - COL INTRASTATE - CORRECTIVE LEN - FARM WAIVER		C	омм	UNICATION E NG, TYPING,	EVICE	co		ED SAMPLE	
	INJURY POSSIBLE IN	JURY		(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NO	TAPP	ICABLE	KNOWN	10000	EGULAR CLA OHIO = D)	SS		- EXCEPT CLASS A - EXCEPT CLASS A		r	MILLE		-FREE	4 - TES	NUSABLE IT GIVEN,	40M	
5 -	NO APPARE	NT INJURY	(5 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	\$556\$	F 16	CTIO	AT		I/C MOPED (ONLY		& CLASS B BUS - EXCEPT TRACTOR		4-1	ALKi	UNICATION D	HELD	5-TES	ULTS KNOI T GIVEN, ULTS UNKI		
	NJURIES	TAKEN B	7	(MOTORCYCLE SIDE CAR)	1 - NO	days in the	CTIO TED	N Mari	6 - N	O VALID OL			- INTERMEDIATE L RESTRICTIONS		5-0	OTHER	UNICATION D	TH AN		A constitution of the first	ST TYPE	
1	NOT TRAN	化二氯甲烷基甲烷甲烷 医电流管管 化	9	O - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3 - 101	ALLY	A ETECLED		4000	ENDORS	EMENT		- LEARNER'S PERM RESTRICTIONS ID - LIMITED TO DA		6-1	ASSE	IONIC DEVICE NGER I DISTRACTION		1 - NO 2 - BLC	NE		
100	EMS		1	OF TRUCK CAB 11 - PASSENGER IN	4 - NO	19500000	APPE			iazmat Motorcycli	E		ONLY 1 - LIMITED TO EM			ISIDE	THE VEHICLE		3 - URI 4 - BRE			
133	POLICE OTHER/U	NKNOWN			1 - NO	T TRAI	PPED			ASSENGER		1	2 - LIMITED - OTHE 3 - MECHANICAL D	R	C	UTSII	DE THE VEHICI	E	5 - OTI			
		QUIPMEN	T I	2 - PASSENGER IN		HANI	CAL ME	ANS		ANKER NOTOR SCOO	OTER		(SPECIAL BRAKE CONTROLS, OR			2000	ONDITION	ab fact the	1 - NO		TTYPE	
1 -	NONE USE)	ì	UNENCLOSED CARGO AREA 3 - TRAILING UNIT				AL MEANS		HREE-WHEEL			ADAPTIVE DEVI 4 - MILITARY VEHIC	CES) CLES ONLY	2 - P	HYSIC	ENTLY NORM. AL IMPAIRME		2 - BLC 3 - URI	NE		
	SHOULDER USED LAP BELT OF			4 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)					S - S	CHOOL BUS			5 - MOTOR VEHICL WITHOUT AIR B 6 - OUTSIDE MIRRO	RAKES	D		ONAL (E.G., SED, ANGRY, SEO)		4 - OTI	s Audino Agosto e 1905.	ESULT(S)	
4 -	SHOULDER USED			15 - NON-MOTORIST 19 - OTHER / UNKNOWN					TI	OUBLE & TRI RAILERS		1	7 - PROSTHETIC AN		4-11	LNES			1 - AMI	PHETAMINE BITURATES	5	
		RAINT SYSTEM							X - T.	ANKER / HAZ	ZMAT				F.	ATIGU	ED, ETC. THE INFLUEN		3 - BEN	ZODIAZEPI INABINOID	NES	
6 -		RAINT SYSTEM								GENDE	R				N		ATIONS / DRU		5 - COC			
	BOOSTER SE HELMET US	AT							F - FI M - N	MALE MALE							\ UNKNOWN		7 - OTI-			
		PADS USED							U-c	OTHER / UNK	NOWN											
	- REFLECTIVE - LIGHTING	E CLOTHING - PEDESTRIAN																				
	/ BICYCLE O	ONLY																				

Ũ	Or Public	SAPETY O	C	CUPANT /	W ITN!	ESS A DDENDU	JM				ORT NUMBER				
	UNIT #			RST, MIDDLE	***************************************				DA	Z4-4 ATE OF BIRTH	47602	AGE	GENDER		
ANT	ADDRESS:	STREET, CIT	Y, ST	ATE, ZIP	,				CONTACT PHONE	E + INCLUDE AR	EA CODE		<u> </u>		
OCCUPAN	INJURIES	Inution	les.	IC Accion anno		CATTEN FOR MINISTRA	SEATING AIR BAG USAGE EJECTION TRAPPED								
	INJURIES	TAKEN BY	J.EM	IS AGENCY (NAME)		INJURED TAKEN YO: MEDICAL FACILITY (N.	AME, CITY)	SAFETY EQUIPMENT	MC HELMET	POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	UNIT #	NAME: LA	AST, F	FIRST, MIDDLE				***************************************	DA	ATE OF BIRTH		AGE	GENDER		
CUPANT	ADDRESS:	STREET, CIT	Y, ST.	ATE, ZIP					CONTACT PHONI	E - INCLUDE AR	EA CODE				
Ö	INJURIES	INJURED TAKEN BY	EM	1S AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N.	IAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	UNIT #	NAME: LA	AST, F	FIRST, MIDDLE					DA	ATE OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS:	STREET, CIT	Y, ST.	ATE, ZIP					CONTACT PHONI	E - INCLUDE AR	EA CODE				
ŏ	INJURIES	INJURED TAKEN BY	EM	1S AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N.	NJURED TAKEN TO: MEDICAL FACILITY (MANYE, CITY) SAFETY EQUIPMENT DOT-ComplianT POSITION MC HELMET								
	UNIT #	NAME: LA	AST, F	FIRST, MIDDLE		<u> </u>			DA	ATE OF BIRTH		AGE	GENDER		
CCUPANT	ADDRESS:	STREET, CIT	Y, ST.	ATE, ZIP				***************************************	CONTACT PHONE	ONTACT PHONE - INCLUDE AREA CODE					
ö	INJURIES	INJURED TAKEN BY	EM	S AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACRITY (12)	IAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		IN.	JUR	RIES	SAFET	Y EQUIPMENT USED		SEATING POS			AIR BAG U	SAGE			
	3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 7 - 3 - POLICE 8 - 9 - OTHER / UNKNOWN 9 - GENDER 10 F - FEMALE 11 M - MALE				2 - SHOULE 3 - LAP BEL 4 - SHOULE 5 - CHILD R FORWA 6 - CHILD R REAR FA 7 - BOOSTE 8 - HELMET 9 - PROTEC (ELBOW 10 - REFLEC 11 - LIGHTII / BICYC	R SEAT	2 - FRON 3 - FRON 4 - SECO (MOTO 5 - SECO 7 - THIRE (MOTO 8 - THIRE 10 - SLEE 11 - PASS CARC SUCI 12 - PASS CARC 13 - TRAI 14 - RIDII (NON 15 - NON	IORCYCLE DRIVE IT - MIDDLE IT - RIGHT SIDE ND - LEFT SIDE ORCYCLE PASSE ND - MIDDLE ND - RIGHT SIDE ORCYCLE SIDE O ORCYCLE SID	E E E E E E E E E E E E E E E E E E E	OYED FRON OYED SIDE OYED BOTH IT/SIDE APPLICABLE OYMENT UN EJECTIC EJECTED IALLY EJECTED APPLICABLE TRAPPE TRAPPED CATED BY IANICAL ME, D BY	TED SIDE TED BOTH SIDE PPLICABLE TMENT UNKNOWN EJECTION ECTED LLY EJECTED Y EJECTED PPLICABLE TRAPPED APPED ATED BY NICAL MEANS				
WITNESS		ST, FIRST, MI								ATE OF BIRTH		AGE	GENDER		
W		STREET, CIT							CONTACT PHONE		A CODE	,			
NESS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
	ADDRESS:	STREET, CIT	Y, ST	ATE, ZIP					CONTACT PHONE	E - INCLUDE ARE	A CODE				
ESS	NAME: LAS	ST, FIRST, MI	IDDL	E					DA	ATE OF BIRTH		AGE	GENDER		
WITH	ADDRESS:	STREET, CIT	Y, ST	ATE, ZIP	CONTACT PHONE	È - INCLUDE ARE	A CODE								