OHO DEPARTMENT TRAFFIC CRASH RE	LOCAL REPORT NUMBER*									
PHOTOS TAKEN OH-2 OH-3 LOW	LP19010500086									
OH-IP OTHER RE	PORTING AGENCY NAME?		ip o	HIT/SKIP 1 - SOLVED	NUMBER OF UNI	01 9	N ERROR 8 - ANIMAL			
COUNTY* LOCALITY* LOCATION: CITY, VIL	CRASH DATE / TIME* CRASH SEVERITY									
83 3 2-VILLAGE CLEAR	01052019 1810 2 1- FATAL 2- SERIOUS INJURY									
7 MODELL	LATITUDE DE	CIMAL DEGREES	2 - SERIOL SUSPE							
ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH LOC 2- SOUTH 1 3- EAST 4-WEST	39.549942 3- MINOR INJURY SUSPECTED									
	LONGITUDE DECIMAL DEGREES 4 - INJURY POSSII									
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	7798				-84 165	627	5 - PROPE ONLY	RTY DAMAGE		
REFERENCE POINT DIRECTION	ROUTE TYPE	ROA	AD TYPE			INTERSECTION				
1 - INTERSECTION 1 - NORTH IR - INT	TERSTATE ROUTE(TP) DERAL US ROUTE			RD - ROAD SQ - SQUARE	☐ WITHIN INTE	RSECTION OR ON	APPROACH			
3- HOUSE # 3- EAST	ATE ROUTE			ST - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE DISTANCE CR - NUM	MBERED COUNTY ROUTE			TE - TERRACE		ROADWA	AY			
	MBERED TOWNSHIP UTE	DR - DRIVE PI -	PIKE	WA - WAY	ROADWAY DIV	/IDED				
3 - YARDS			PLACE			1				
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER		MANNER OF CRASH COL NOT COLLISION 4-REA		ACT	DIRECTION OF TRAVE	1	MEDIAN TYPE	IEDIAN		
2 - ON SHOULDER 10-DRIVEWAY/ALL 3 - IN MEDIAN 11-RAILWAY GRAD	E OBOCCINIC 5	BETWEEN 5-BAC			1 - NORTH 2 - SOUTH	DIVIDED FLUSH MEDIAN (<4 FEET)				
4 - ON ROADSIDE 12- SHARED USE PA		VEHICLES IN 6 - ANO TRANSPORT 7 - SID	GLE DESWIPE, SAN	AE DIRECTION	3 - EAST 4 - WEST	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)				
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE			ESWIPE, OPP HER / UNKNO	OSITE DIRECTION		3.	3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN			
7 - ON RAMP 14-TOLL BOOTH		, , , , , , , , , , , , , , , , , , , ,	TERY OWNIE	****		(A	ANY TYPE) THER/UNKNOWN			
- OTT NAME		I constrain as			CONTOUR	10				
WORK ZONE KEEATED	ORK ZONE TYPE IE CLOSURE	LOCATION OF		WORK ZONE	CONTOUR	CONDITIO	N2 2	SURFACE 2		
I -	IE SHIFT/CROSSOVER RK ON SHOULDER		RNING SIGN ANCE WARNI	NG AREA	1 - STRAIGHT LEVEL	1 - DRY	T CON	ICRETE		
LAW ENFORCEMENT PRESENT OR M	MEDIAN		NSITION ARE	А	2 - STRAIGHT GRADE	асктор,				
ACTIVE SCHOOL ZONE 5 - OTHE	ERMITTENT OR MOVING WO ER		VITY AREA MINATION AF	REA	3 - CURVE LEVEL	3 - SNOW		UMINOUS, PHALT		
LIGHT CONDITION	WE!	ATHER			4 - CURVE GRADE 4 - ICE 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT,					
1 - DAYLIGHT	1-CLEAR	6 - SNOW			7 - OTHEROUNINOWN	4 - 3LA	4 - SLAG, GRAVEL, STONE			
2 - DAWNOUSK 3 - DARK - LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, SM	7 - SEVERE CROS: OKE 8 - BLOWING SAN		r, snow		6 - WATER (STAI MOVING)	· JS-DIKI			
4 - DARK - ROADWAY NOT LIGHTED	9 - FREEZING RAI	IN OR FREEZ			7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - 0THER / UNK	NVVN			9 - OTHER/UNKN	IOWN			
NARRATIVE		T-1		131		j. 1	Indir	cate the north		
UNITHI WAS BACKING	OUT OF DR	IVEWAY					an"l	ction with N" on the pass diagram.		
AT 7798 ONTO NOVETHBO										
UNITHZ WAS DRIVING				+	H	5R48				
	NUZIFIOU	NO UN		(F)		92.70	_			
N. SR 48.			PASSE FUNITS	N602	\mathbf{k}					
UNIT #2 STRUCK UNIT	「井(。	_ ~	#1 6	1 -		798				
UNITHI CAME TO REST	IN THE DRIV	EWAY -	WI.		THE '					
ACROSS FROM 7798.		/	72							
PASSENGER OF UNITHI	WAS EJECTE	D AND								
CAME TO REST ALONG SI	DE LINUTH	-								
UNITHE CAME TO REST	- IN THE SC	outit -						-		
BOUND LANE OF NISR	48									
CRASH REPORTED DATE / TIME DISP/	ATCH DATE / TIME	ARRIVAL	DATE / TIME		SCENE CLEARED	DATE / TIME	REPORT			
01052019 1810 0105	2019 1810	010520	19 1	8110	1052019	1,1930	POLICE			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTES	HECKED BY OFFIC	OFFICER'S NAME* WES SUPPLE CORRECT CORRECT								
086 008 093	А Снескер в	Y OFFICER'S BADGE N	UMBER*	(CORRECT	TION OR ADDITION GREPORT SENT TO ODPS)					
	I L 3			1.6	113		_1			
HSY7001 OH1 1/19 [760-0820]							PAGE	1 OF 5		

49 - FIRE HYDRANT

30 - GUARDRAIL FACE

→ FIRST HARMFUL EVENT

L

—

36 - MEDIAN OTHER BARRIER

42 - CULVERT

 ☐ MOST HARMFUL EVENT

20 | FIRST HARMFUL EVENT | 20 | MOST HARMFUL EVENT

OHO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
ENTRY INITIALISM INITIALISM								LP 190105000086							
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER							
0,1	O.I. RUNYON, TIMOTHY LUKE							08/08/1998 20 M							
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
60	600 LOWER CARLISLE RD., CARLISLE OH 45005								9373694526						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME, CITY	USED 04	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
OL STATE		LICENSE NUMBER		OFFEN	SE CHA	RGED	LOCAL	OFFENSE DES							
E OU	UHI	60873		45	11,4	31	CODE	STOP E	BEFOR	COADWAY	5 NITATA				
OL CLASS		7,00		VER	ALC	OHOL / DRUG SUSP	ECTED	CONDITION	AL	COHOL TEST	CTATUC	DRUG TEST(S) US TYPE RESULT SELECT UP TO 4			
니	SELECT OF 102		BA	TRACTED	=	LCOHOL MA	RIJUANA		STATUS	TYPE VALUE	STATUS		N/A		
LIMIT II	NAME				<u></u> □ °	THER DRUG		1							
0 2	NAME: LAST,		D												
	OZ SCOTT, SANDYZA D ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE												1		
Per l		NG House R	D . D							3 7 7 5		26	87		
INJURIES 2		EMS AGENCY (NAME) CLENICKEEK	FIRE	INJURED T	TAKEN TO	O: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME USED O 4			□ ВОТ-С	OMPLIANT SEATING POSITION	N AIR BAG U	a 1 a 1 a 6			
OL STATE		ICENSE NUMBER		OFFEN			LOCAL	OFFENSE DESC				CITATION NUMBER			
OF	RJ4	55616					CODE								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER FRACTED		OHOL / DRUG SUSP	ECTED	CONDITION	STATUS	COHOL TEST		RUGITEST(S	T SELECT UP TO 4		
4			BY		=	_	RIJUANA		1	1	1	8	VIA		
UNIT#	NAME: LAST, I	FIRST, MIDDLE			Ц,	THER DRUG			- الــــــــــــــــــــــــــــــــــــ	DATE OF BIRTH	-11	AGE	GENDER		
N		· · · · · · · · · · · · · · · · · · ·							41 V. G	DATE OF BIRTH AGE GENT					
ADDRESS:	I : STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
HOR															
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED 1	FAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	□ DOT-C	OMPLIANT SEATING POSITION	N AIR BAG U	SAGE EJECTION	TRAPPED		
0 	ВУ							MC HELMET							
OL STATE	TE OPERATOR LICENSE NUMBER OFFENSE CHA				SE CHAI	RGED LOCAL OFFENSE DESC			RIPTION			ITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRIV	/ED T	AL C	DHOL / DRUG SUSPI	ECTED.	CONDITION	AL	COHOL TEST		RUG TEST(S	0		
OL SENSS	SELECT UP TO 2			RACTED	_	LCOHOL MAR		OUNDIVION	STATUS 1			YPE RESUL			
1					□ 0	THER DRUG						عصائت			
INJU 1-FATAL	RIES	SEATING POSITION 1-FRONT-LEFT SIDE	A 1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A	S	OL RESTRIC 1-ALCOHOL INTER		DRIVER DISTRACT		TEST STA	TUS		
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYE			2-CLASS B		2 - CDL INTRASTAT		1 - NOT DISTRACTED 2 - MANUALLY OPERATING		- NONE GIVEN - TEST REFUSED			
3-SUSPECTED		2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE	3 - DEPLOYE				3 - CORRECTIVE LE	NSES	ELECTRONIC COMMUN DEVICE (TEXTING.TYP		3 - TEST GIVEN, CONTAMINATED				
4 - POSSIBLE IN		4 - SECOND - LEFT SIDE		/A A1UA\			4 - FARM WAIVER		DIALING)	4	SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN				
3 NU APPAREN	MOTORCYCLE PASSENGER) 9 - DEPLOYM			E M/C MODED ONLY				5 - EXCEPT CLASS	S A COMMUNICATION DEVICE			5 - TEST GIVEN, RESULTS			
	INJURED TAKEN BY 5- SECOND - MIDDLE				6 - NO VALID OL & CLASS B BUS				4 - TALKING ON HAND-HELD OR-TRAILER COMMUNICATION DEVICE			UNKNOWN			
	TREATED AT SCENE 7-THIRD - LEFT SIDE EJE			7 - EXCEPT TRACTO B - INTERMEDIATE 8 - INTERMEDIATE				LICENSE 5 - OTHER ACTIVITY WITH AN			ALCOHOL TE	STTYPE			
2 - EMS	O THIRD MIDDLE			CTED H - HAZMAT			RESTRICTIONS		ELECTRONIC DEVICE		1 - NONE 2 - BLOOD				
	3 - POLICE 2 - PARTIALL' 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY E						9 - LEARNER'S PERMIT RESTRICTIONS		6 - PASSENGER 7 - OTHER DISTRACTION		3 - URINE				
	10 - SLEEPER SECTION 4 - NOT APPLI			LICABLE N-TANKER 10-LI			10 - LIMITED TO DAY	10 - LIMITED TO DAYLIGHT ONLY IN		INSIDE THE VEHICLE 4- BREATH					
1-NONE USED	SAFETY EQUIPMENT				Q - MOTOR SCOOTER 11 - LIMITED TO EMP			THE VEHICLE							
2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOT TRAPPED			PED S - SCHOOL BUS 13 - ME			13 - MECHANICAL D	13 - MECHANICAL DEVICES 9 - OTHER / UNKNOWN		DRUG TEST TYPE 1-NONE						
3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICAT 4 - SHOULDER & LAP REIT LISED 12 - PASSENGER IN UNENCLOSED MECHANIC		TED BY T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		2 - BL00D						
1	5-CHILD RESTRAINT SYSTEM - CARGO AREA 3-FREED BY		Y X - TANKER / HAZMAT			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL		3 - URINE					
FORWARD FA	FORWARD FACING 13 - TRAILING UNIT NON-MECH		HANICAL MEANS			15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER					
	REAR FACING (NON-TRAILING UNIT)					AIR BRAKES 16 - OUTSIDE MIRROR		ANGRY, DISTURBED)		DRUG TEST RESULT(S)					
	7 - BOOSTER SEAT 15 - NON-MOTORIST						16 - OUTSIDE MIRROR 17 - PROSTHETIC AID		4 - ILLNESS 5 - FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES				
8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED						18 - OTHER		FATIGUED, ETC.		3 - BENZODIAZEPINES					
(ELBOW, KNEES, ETC.)								6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS			4 - CANNABINOIDS				
10 - REFLECTIVE CLOTHING								/ ALCOHOL 9 - OTHER / UNKNOWN			5 - COCAINE 6 - OPIATES / OPIOIDS				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY							7- UITEK/ UNKNUWN			7 - OTHER					
99 - OTHER / UNK	NOWN										8	- NEGATIVE RESU	LTS		

OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER							
OCCOPANT / WITHESS ADDENDON						LP190105000086							
UNIT #	the state of the s							07 / 13 / 2002 16 GEN					
ADDRESS								CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP 513 E. WARREN ST., LEBANON OH 45036													
INJURIES 2	INJURED TAKEN Z	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED USED						SEATING POSITION	AIR BAG USAGE	EJECTION 3	TRAPPED		
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED SAFETY EQUIPMENT USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE G						
ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
000													
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
								1 1	Î	1 1	1 3		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility (NAME, CITY) SAFETY EQUIPMEN USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		IRIES	SAFFT	Y EQUIPMENT USED		SEATING POS			AIR BAG U	SAGE			
1 - FATA			1 - NONE US		_	T – LEFT SIDE		1 - NOT DE	PLOYED				
2 - SUSI	PECTED SE	RIOUS INJURY		OCCUPANT		ORCYCLE DRIV T – MIDDLE	/ER) 2 - DEPLOYED FRONT						
3 - SUS	PECTED MI	NOR INJURY		ER BELT ONLY USED T ONLY USED		T - RIGHT SIDE	E 3 - DEPLOYED SIDE						
	SIBLE INJU			ER & LAP BELT USED		ND – LEFT SIDE ORCYCLE PASS	EDONT/OIDE						
5 - NU A	APPARENT I	NJURY	5 - CHILD RE	ESTRAINT SYSTEM -		ND – MIDDLE	5 - NOT APPLICABLE						
1 NOT		TAKEN BY		D FACING		ND – RIGHT SIC D – LEFT SIDE	DE 9 - DEPLOYMENT UNKNOWN						
T - NOT INAMOPORTED O GITTED RESTRICTION - TOTAL					(MOT	ORCYCLE SIDE	SIDE CAR) EJECTION						
2 - EMS 7 - B00STER			9 - THIRD - RIGH				1 - NOT EJ						
	3 - POLICE 8 - HELMET				PER SECTION (2 - PARTIALLY EJECTED						
9 - OTHER / UNKNOWN 9 - PROTECT (ELBOW,			KNEES, ETC.)		ENGER IN OTHI O AREA (NON-TE		3 - TOTALLY EJECTED 4 - NOT APPLICABLE						
10 - REFLEC			TIVE CLOTHING	BUS, F	PICK-UP WITH CAP ENGER IN UNE	2)	TRAPPED						
11 - LIGHTIN / BICYCL				G – PEDESTRIAN E ONLY		O AREA	NCLUSED	1 - NOT TRAPPED					
			99 - OTHER /		LING UNIT IG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANIC			CAL			
(non-trailing					TRAILING UNIT)	IVICAINS				FCHANICAL			
						MOTORIST R/UNKNOWN		MEANS		CHANG	nL		
HUSE	ST, FIRST, MIDD						n 1 /	E OF BIRTH	· a il	AGE	GENDER		
7	<u> </u>	CATEUN I	MARIE					-	194	24	<u> </u>		
ADDRESS: STREET, CITY, STATE, ZIP 1090 GREEN TIMBER TRL, DAYTON OH 45458						937	_		30	16			
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE							
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
NAME: LAST, FIRST, MIDDLE									AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
										1	1		
HSV 8355 OH	4D 4440 1700 4	5001								DACE -	OF L		