OHIO DEPARTM	TRAFFIC	CRASH I	REPORT *D	ENOTES MA	ANDATORY FI	ELD FOR SUPPLE	MENT REPORT		LOCAL REPORT NUM	MBER*				
PHOTOS TAK	PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION							L P 2 0 0 1 1 3 0 0 0 2 0 9						
SECONDARY	<b>X</b> OH-1₽	OTHER	REPORTING AGENCY	NAME*			NCIC*	HIT/SK1P	NUMBER OF UNITS	UNIT IN ERROR				
	PRIVAT		CLEARCREEK	TWP P	)	L C	8 3 1 6	1 - SOLVED	0 2	0 1 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*  1 - CITY 2 - VILLAGE CIFAPOREEK									CRASH DATE / TIME* CRASH SEVERITY					
8 3 3	3-TOWNSHIP	CLEARCRI	0, 1, 1, 3, 2, 0, 2, 0	0, 1, 1, 3, 2, 0, 2, 0, 2, 1, 2, 5										
ROUTE TYPE RO	UTE NUMBER PREFI	2 - SOUTH	LOCATION ROAD NAM	E			ROAD TYPE	LATITUDE OF		SUSPECTED				
		- 4-MF31	BUNNELL HILL				R_D	3 9 5 3 4	3 2 2	3 - MINOR INJURY SUSPECTED				
ROUTE TYPE RO	UTE NUMBER PREFI	2 - SOUTH	REFERENCE ROAD NA	ME (ROAD,	MILEPOST, H	DUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE				
Marit.		4-WEST	8888					-8 4 1 9 6	1,6,7	5 - PROPERTY DAMAGE ONLY				
REFERENCE PO	CTION FRON REFEREN	301	ROUTE TYPE INTERSTATE ROUTE(T	.D) VI	- ALLEY	ROAD TYPE HW-HIGHWAY	RD - ROAD		INTERSECTION REL	ATED				
3 2- MILE PO	ST 2-S	SOUTH US-	EDERAL US ROUTE		- AVENUE	LA - LANE	SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH						
	4 - V	VEST SR-	STATE ROUTE			MP - MILEPOST OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
FROM REFERENCE		SURE	NUMBERED COUNTY R	OUTE			TL - TRAIL	ROADWAY						
		EET	NUMBERED TOWNSHII ROUTE	DIC	- DRIVE - HEIGHTS	PI - PIKE PL - PLACE	WA - WAY	ROADWAY DIV	IDED					
10	CATION OF FIRST HA		1			COLLISION/IMP	ACT		T					
1 = 0N R0	ADWAY 9	- CROSSOVER		1 - NOT (	COLLISION 4	- REAR-TO-REAR		DIRECTION OF TRAVE 1 - NORTH		EDIAN TYPE DED FLUSH MEDIAN				
0 1 2 ON SH		LO-DRIVEWAY/A L1-RAILWAY GR	ALLEY ACCESS ADE CROSSING 2	TW0	MOTOR	- BACKING - ANGLE		2 - SOUTH	(<41	FEET ) DED FLUSH MEDIAN				
4 - 0N R0	ADSIDE 1	.2-SHARED USI TRAILS		TRAN	SPORT 7	- SIDESWIPE, SA		3 - EAST 4 - WEST	(≥41	EET)				
5 - ON GO 6 - OUTS		3-BIKE LANE		2 - REAR 3 - HEAD	_	- SIDESWIPE, OPI - OTHER / UNKNO				DED, DEPRESSED MEDIAN DED, RAISED MEDIAN				
7 - 0N RA 8 - 0FF R		.4-TOLL BOOTH 19-OTHER / UNK	Nown						100	TYPE) R/UNKNOWN				
			WORK ZONE TYPE		LOCATION	N OF CRASH IN W	10011 70115	CONTOUR	CONDITIONS	SURFACE				
WORK ZONE		1-L	ANE CLOSURE		1 -	BEFORE THE 1ST								
WORKERS PI		1	ANE SHIFT/CROSSOVE ORK ON SHOULDER	R	1	WARNING SIGN ADVANCE WARNI	NG AREA	1 - STRAIGHT LEVEL	1 - DRY					
LAW ENFORC	CEMENT PRESENT	0	R MEDIAN	UNG WORK	1	TRANSITION ARE	A	2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,				
ACTIVE SCHO	OOL ZONE	1	ITERMITTENT OR MOV THER	TING WURK		ACTIVITY AREA TERMINATION AI	REA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT				
LI	GHT CONDITION			WEATHE	R			4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK				
1 - DAYLI(			1 - CLEAR		6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT OIL, GRAVEL	4 - SLAG, GRAVEL, STONE				
4 2 - DAWN/ 3 - DARK -	DUSK - LIGHTED ROADWAY	,	0 1 2 - CLOUDY 3 - FOG, SM	OG, SMOKE		CROSSWINDS SAND, SOIL, DIR	T. SNOW		6 - WATER (STANDIN MOVING)	NG, 5 - DIRT				
	ROADWAY NOT LIGI UNKNOWN ROADWA		4 - RAIN		9 - FREEZING	G RAIN OR FREEZ			7 - SLUSH	9 - OTHER/UNKNOWN				
	/ UNKNOWN	ATELGHIING	5 - SLEET, H	TAIL	99 - OTHER /	UNKNOWN			9 - OTHER/UNKNOW	N				
NARRATIVE								2 1 1 1 1		Indicate the north				
LINIT 1 A	ND LINIT	2 WED	E TRAVE	INIC			, 1	The second	1	direction with an "N" on the				
						Not:	to			compass diagram.				
			VELL HILL			Scal	e	1						
UNIT 2 S	TOPPED	<b>BEHIN</b>	D A VEHIC	CLE T	TAH									
WAS TU	RNING IN	TOAD	RIVEWAY	AND				2						
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VV/ (O O I I	(OOK IIV			NII I.		Privo		<u> </u>	1000					
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	TED DATE/TIME		SPATCH DATE / TIME			VAL DATE / TIME		SCENE CLEARED D		REPORT TAKEN BY  POLICE AGENCY				
0 1 1 3 2 0			2 0 2 0 2		0, 1, 1, 3, 2			1, 1, 3, 2, 0, 2, 0	2,2,0,0	MOTORIST				
	TOTAL TIME OTHER TOTAL OFFICER'S NAME*  DADWAY CLOSED INVESTIGATION TIME MINUTES ERIC NEY						HECKED BY OFFIC	JACON L BATES STORMENT						
				CER'S BADO	GE NUMBER*		Снескей в	OCORRECTION ON ADDITION TO AL EMISTAGE REPORT SEAT TO 03951						
T 0 3	0 3 0	0,6	1 L	2	5		1,1	2 2	1 1					



P 2 0 0 1 1 1 3 0 0 0 2 0 9 OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER) UNIT # OWNER PHONE: INCLUDE AREA CODE ( SAME AS DRIVER) 0, DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( | SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME ADDRESS CITY STATE 719 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE | LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHTCLE YEAR VEHICLE MAKE 1, F, M, 5, K, 8, D, 8, 5, F, G, A, 6, 3, 1, 3, 6, O H GLG6345 2 0 1 5 FORD INSURANCE COMPANY VERIFIED PROCESSION .0.0 INSURANCE POLICY # COLOR VEHICLE MODEL 932806980 **GRAY EXPLORER** TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK MATERIAL RELEASED CLASS # PLACARD ID # 1 - ≤10K LBS HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS 0 | 3 PLACARD 13 - >26K LBS. 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LINO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 0 3 3 SPORT UTILITY VEHICLE 9 - AUTOCYCLE 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEEL CHAIR (ANY TYPE) 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN BICYCLE 16 - FARM FOUIPMENT 22 - ANIMAL WITH RIDER of 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS O - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION ■ 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 16 - FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18 - SNOW REMOVAL SPECIAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER A - POLE 12-CONCRETE MIXER / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT RED 14 - GARBAGE/REFUSE BODY \* 7 - GRAIN/CHIPS/GRAVEL TYPE 99 - OTHER / UNKNOWN 11 - DUMP 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT - NO DAMAGE [ 0 ] - UNDERCARRIAGE [ 14 ] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE □-T0P ( 13 ) □-ALL AREAS | 15 | NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99 - OTHER / UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE | 16 | TRAILS 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 0 1 2 - BACKING LANES 8 - ENTERINGTRAFFICIANE 14 - ENTERING OR CROSSING 3 0 - NO DAMAGE 14 - UNDERCARRIAGE → 3 - STRIKING SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15-WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10 - PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING PLAYING 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED & STRUCK 16 - WORKING DISABLED VEHICLE 13 - TOP IN TRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 12 - DRIVERLESS TRAFFIC 1 - NONE 7-LEFT OF CENTER 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDAROUT 4 - STOP SIGN 14 - STOPPED OR PARKED EQUIPMENT 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 8,0 23 - OPENING DOOR INTO ILLEGALLY 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10 - IMPROPER PASSING ROADWAY 3 - FLASHER 15 - SWERVING TO AVOID CONTRIBUTING CIRCUMSTANCES 5 - UNSAFE SPEED 6 - NO CONTROL SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING # OF THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS \_ 2 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 3 - INVOLVED-PASSIVE CROSSING 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL -- FARM TRAVEL UNIT / NON-MOTORIST DIRECTION 23-STRUCK BY FALLING, 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18 - ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR ANYTHING SET IN MOTION 1 - NORTH 5 - NORTHEAST J 4 - JACKKNIFF 9 - RAN OFF ROAD LEFT 19 - ANIMAL - OTHER 13 - OTHER NOV-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO/EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14 - PEDESTRIAN TRANSPORT FROM 1 TO 2 LOSS OR SHIFT 3 - FAST 7 - SOUTHEAST 24 - OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAU END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST EQUIPMENT 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 51 - WALL 45 - EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52 - BUILDING 46 - FENCE 0 4 5 27 - BRIDGE PIER OR ABUTMENT 40 - UTILITY POLE BARRIER 53 - TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED 29 - BRIDGE RAIL OR SUPPORT POSTED SPEED 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRATL FACE 42 - CULVERT 36 - MEDIAN OTHER BARRIER 1 MOST HARMFUL EVENT 5 0 ☐ FIRST HARMFUL EVENT

LOCAL REPORT NUMBER

UNIT#					R PHONE: W	CLUDE AREA CODE ( SAME AS DRIVERI	DAMAGE				
3	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAYE AS DRIVER)					0 9 2 0 0 3	DAMAGE SCALE  1 - NONE 3 - FUNCTIONAL DAMAGE  4 2 - MINOR DAMAGE 4 - DISABLING DAMAGE				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					AMERCIAL CARRIE	R PHONE: INCLUDE AREA CODE	9 - UNKNOWN  DAMAGED AREA(S)				
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION #  O H EWG2148 WVWA E 6 3 B 7 5 E 0 2 7 6 3					VEHICLE Y				THAT APPLY		
INSURA VERIFI			INSURANCE POLICY #	0,3,3,	COLOR SILVER	VEHICLE MODEL	10 12	2	10 12		
COMME	TYPE OF USE	IN EMERGENCY RESPONSE	US DOT #	TOWE	D BY: COMPA		j   -	3			
INTER DEVIC EQUIP	E HIT/SKIP UNI	0 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS		MATERIAL RELEASED PLACARD	CLASS # PLACARD ID #		7.	8 4		
O 1, UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) # OF TRAILING UNITS	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	D 13-SNOWMOBILE 14-SINGLE UNITTRUCK 15-SEMI-TRACTOR	19 - BUS (16+ 20 - OTHER VI 21 - HEAVY E 22 - ANIMAL V		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (AVYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	9		2 2 3		
2	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	1?	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIO 4 - HIGH AUT 5 - FULL AUT	MOTTAMO	1 9 - UNKNOWN	, -	, ,	10 2 1		
SPECIAL	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER	12 - MILITARY 13 - POLICE	16 - FARM 17 - MOWING 18 - SNOW RE 19 - TOWING 20 - SAFETY S		21 - MAIL CARRIER 99 - OTHER / UNKNOWN		4	8 5		
0 1	1 - NO CARGO BODYTYPE /NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHE MOTOR VEHICLE 4 - LOGGING	CHASSIS  6 - CARGO VAN/ENCLOSED BOX	8 - POLE 9 - CARGOTA 10-FLAT BEC 11-DUI/P		12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	3 12 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	9	3 9 3 3		
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		9 - MOTORTR 10-disablei Acciden	FROM PRIOR	99 - OTHER / UNKNOWN	6	6			
	CROSSWALK 2 - INTERSECTION - UNMARKED	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LECANS	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10 - DRIVEWA	ROSSING ISLAND Y ACCESS ISE PATHS OR	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE	I	□-UNDERCARRIAGE [14] □-ALL AREAS [15] T SCENE [16]		
4ACTION	2-NON-COLLISION 3-STRIKING 4- STRUCK 5- BOTH STRIKING ACTIONS	STRAIGHT AHEAD     BACKING     CHANGING LANES     OVERTAKINGIPASSING     MAKING RIGHT TURN     MAKING LEFT TURN	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC		GOR CROSSING D LOCATION RUNNING, PLAYING	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAM	AGE R TO UNIT	T OF CONTACT  14 - UNDERCARRIAGE  1 5 - VEHICLE NOT AT SCENE  99 - UNKNOWN		
O 1 CONTRIBUTING CIRCUMSTANCES	2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED	7 - LEFT OF CENTER 8-FOLLOWING TOO CLOSE / AC 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	DA PARKED POSITION  14 - STOPPED OR PARKED  ILLEGALLY  15 - SWERVING TO AVOID	EQUIPME	G DEFECTIVE NT 'TING/FALLING/	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW 1 - ONE-WAY 2 2 - TWO-WAY	6	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
SEQUENCE	6 - IMPROPERTURN	12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING  1 - NOT INVOLVED		
2	2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	OPPOSITE DIRECTION OF TRAVEL  12 - DOWNHILL RUNAWAY  13 - OTHER NON-COLLISION  2	16 - RAILWAY V 17 - ANIMAL — 18 - ANIMAL — 19 - ANIMAL — 20 - MOTOR VE	FARM DEER OTHER HICLE IN	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			2 - INVOLVED-ACTIVE CROSSING  3 - INVOLVED-PASSIVE CROSSING  RIST DIRECTION  1 - NORTH 5 - NORTHEAST  2 - SOUTH 6 - NORTHWEST		
3	LOSS OR SHIFT		14 - PEDESTRIAN TR 15 - PEDALCYCLE 21 - PA		OTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM	2	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
4 <u> </u>	/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE 4	- STRUC 13 - CURB 14 - DITCH 15 - EMBANKW 6 - FENCE 7 - MAILBOX 8 - TREE		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	UNIT SPEED		9 - OTHER / UNKNOWN  DETECTED SPEED  1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED		
1	9-BRIDGE RAIL 10-Guardrail Face F <b>irst Harmful Event</b>	BARRIER 36 - MEDIAN OTHER BARRIER 1 MOST I	OG SHPPDRT	9-FIRE HYDE	ANT	99 - OTHER / UNKNOWN	POSTED SPEED  5 0		> STREET CHIMINED		

OHIO DI OF PUB	PHOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
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0 1		; first, middle REE, BILLIE JO, ANN	1						DATE OF BIRTH AGE GENDER 0 6 / 2 6 / 1 9 8 9 3 0 . F						
	S: STREET, CITY, ST									0 6 / 2 6 / 1 9 8 9 3 0 F					
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INJURIES	INJURED	EMS AGENCY (NAME)				0: MEDICAL FACILITY	(NAME, CITY)			SEATING POSITION					
<b>5</b>	BY							USED 0 4	MC HE	MPLIANT	, 2	1	1		
OL STATE	OPERATOR I	LICENSE NUMBER		OFFEN	ISE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION	NUMBER			
OH	SY21337			4511.				ACDA	a====an	of the street bands to the	017952	<u>!</u>			
OL CLASS	SELECT UP TO 2	T RESTRICTION SELECT	DIS	IVER STRACTED		ALCOHOL / DRUG SUSPECTED COND				YPE VALUE	STATUS TY	UG TEST(S PE RESUL	T SELECT UPTO 4		
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ADDRESS	: STREET, CITY, ST	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA CO	ODE				
<u> </u>		FIVE POINTS ROAD	, SPRIN	IGBOR	O, OF	HO 45066			9 3 7 6 8 9 2 6 6 9						
Ż	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	D: MEDICAL FACILITY	(NAME, CITY)	USED	□ рот-с∘		AIR BAG USAI	SE EJECTION	TRAPPED		
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UNIT#	NAME: LAST, F	FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						
ADDRESS	: STREET, CITY, STA	710							CONTACT PUONE						
SINO NDECESS.	SIKEEI, GIII, SII	AIE,ZIP				0		!	CONTACT	PHONE - INCLUDE AREA CO	ODE				
INJURIES		EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	N ATR RAG USA(	CE FLECTION	TRAPPED		
N 0 N	TAKEN BY					-	,	USED	DOT-Co	MPLIANT	Tun bila as	LULUIA	INGLIE		
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OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER TRACTED		OHOL / DRUG SUSPE		CONDITION	STATUS TY	YPE VALUE S	DR STATUS TYP	UG TEST(S) PE RESULT	) I select up to 4		
		M	BY		=	LCOHOL MAR THER DRUG	ANAULIS								
	RIES	SEATING POSITION	A	AIR BAG		OL CLASS		OL RESTRIC	TION(S)	DRIVER DISTRACT	ION	TEST STA	TUS		
1 - FATAL 2 - SUSPECTED S	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1+ NOT DEPI					1 - ALCOHOL INTERL 2 - CDL INTRASTATE		1 - NOT DISTRACTED 2 - MANUALLY OPERATING		IONE GIVEN EST REFUSED			
3 - SUSPECTED I	MINOR INJURY	2 - FRONT - MIDDLE	3- DEPLOYE					3 - CORRECTIVE LEN		ELECTRONIC COMMUNI DEVICE (TEXTING, TYPI	ICATION 3-TE	EST GIVEN, CON			
4 - POSSIBLE IN. 5 - NO APPARENT		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE	4 - DEPLOYE 5 - NOT APPL	YED BOTH FRONT / SIDE 4 - REGULAR CLASS OHICARLE (OHIO = D)				4 - FARM WAIVER 5 - EXCEPT CLASS A	A DIIC	DIALING)	4 - TF	SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN			
	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE		MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EX				6 - EXCEPT CLASS A			COMMUNICATION DEVICE 5-TEST GIVEN, RESULTS				
1 - NOT TRANSPO	ORTED	6 - SECOND - RIGHT SIDE			6 - NO VALID OL & CLASS B BUS 7 - EXCEPT TRACTO				R-TRAILER	4 - TALKING ON HAND-HELI COMMUNICATION DEVICE	.D	ALCOHOL TEST TYPE			
/TREATED AT	SCENE	7 - THIRO – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJEC	CTED	ECTION OL ENDORSEMENT B-INTERMEDIATI				LICENSE	5 - OTHER ACTIVITY WITH A ELECTRONIC DEVICE	ΔN	1 - NONE			
3-POLICE		8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIALI	LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERI	TIM			2-8L00D 3-URINE			
9-OTHER/UNK		10 - SLEEPER SECTION	3 - TOTALLY I			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAYL	7 - OTHER DISTRACTION LIGHT ONLY INSIDE THE VEHICLE			4- BREATH			
1-NONE USED	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER		RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMP		MENT 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		SIDE 5- OTHER			
2 - SHOULDER BE		ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRAP	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner,		R - THREE-WHEEL MOT S - SCHOOL BUS	ORCYCLE	13 - MECHANICAL DE	EVICES			DRUG TEST TYPE 1-NONE			
3 - LAP BELT ONL 4 - SHOULDER &		PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICAT MECHANI	ITED BY IICAL MEANS		T - DOUBLE & TRIPLE T	15.1-5010		THER CONDITION			2 - BLOOD			
5 - CHILD RESTRA	RAINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT	3 - FREED BY	X - TANKER / HAZE				ADAPTIVE DEVIC		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER			
6 - CHILD RESTRA	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR			A			15 - MOTOR VEHICLES AIR BRAKES	S WITHOUT	3 - EMOTIONAL (E.G., DEPRES	SSED,		CHIT(S)		
REAR FACING 7 - BOOSTER SEA		(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST RESULT(S) 1-AMPHETAMINES			
8 - HELMET USE	:D	99 - OTHER / UNKNOWN						17 - PROSTHETIC AID 18 - OTHER		5- FELL ASLEEP, FAINTED, FATIGUED, ETC.		ARBITURATES			
9 - PROTECTIVE ( (ELBOW, KNEE								10-011161		6- UNDER THE INFLUENCE OF MEDICATIONS / DRUG	4 64	ENZODIAZEPINE ANNABINOIDS	iS .		
10 - REFLECTIVE ( 11 - LIGHTING – PE										/ALCOHOL	5 - 00	OCAINE			
/ BICYCLE ONL	LY									9- OTHER/UNKNOWN		PIATES / OPIOID: THER	S		
99 - OTHER / UNKN	.0WN										8 - NE	EGATIVE RESUL	.TS		

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER					
								L P 2 0 0 1 1 3 0 0 0 2 0 9					
UNIT#	NAME: LAS	T, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER										
1	WHITFI	ELD, ADDISON	0 6 / 1 7 / 2 0 1 3 0 6 F										
ADDRESS	STREET, CITY,	STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE										
3704 J	EWELL S	TREET, MIDDLE	5 1 3 3 9 3 2 9 7 8										
INJURIES	INJURED	EMS AGENCY (NAME)		SEATING POSITION									
5	TAKEN			INJURED TAKEN TO: MEDICAL FACILI	,	SAFETY EQUIPMENT USED 0 7	DOT-COMPLIANT	0 4	0 5	1	1		
UNIT#	NAME. LAC	T, FIRST, MIDDLE						0511555					
4			DATE OF BIRTH AGE GENDER 0 2 / 2 0 / 2 0 0 9 1 0 M										
1 WHITFIELD, ALLISTER									1 1 1	1 0	M		
ADDRESS: STREET, CITY, STATE, ZIP  3704 JEWELL STREET, MIDDLETOWN, OHIO 45042							CONTACT PHONE			<u>.</u>			
2	_		TOWN, OHIC		5042				3 2	9	7 8		
	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5	BY					0,7	MC HELMET	0 6	0 5	1	1		
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
							1 100 10 10 10	1 1 1	3 3 3	1 1			
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
3								1 12 1			24		
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILE	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	BY					USED	DOT-COMPLIANT MC HELMET						
UNIT #	NAME: LAS	r, FIRST, MIDDLE						E OF DIOTU		455	OFNER		
OIIII #	MAINE: CAS	, FIRST, MIDDLE					UAI	E OF BIRTH		AGE	GENDER		
Approces	ATREET OLTV	OTATE 310											
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili	INJUREO TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPME USED			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	BY												
	INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG US	AGE			
1 - FATA	\L		1 - NONE US			T - LEFT SIDE	ED)	1 - NOT DE	PLOYED				
2 - SUSF	PECTED SE	RIOUS INJURY		OCCUPANT (MOTORCYCLE DRIV R REIT ONLY USED 2 - FRONT – MIDDLE			2 - DEPLOYED FRONT						
		NOR INJURY		3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE						
4 - POSS	SIBLE INJU	RY		T ONLY USED 4 - SECOND - LEFT SID									
5 - NO A	PPARENT I	NJURY		SHOULDER & LAP BELT USED (MOTORC)			ENGER)	FRONT/SIDE  5 - NOT APPLICABLE					
	INJURED	TAKEN BY	FORWARD	ESTRAINT SYSTEM – 5 - SECOND – MIDDLE D FACING 6 - SECOND – RIGHT SID									
	TRANSPORT			ESTRAINT SYSTEM - 7 - THIRD - LEFT SIL			7- DEPENTIONENT DINKING			VOVVIV			
/TRE	ATED AT SO	ENE	REAR FAC				(MOTORCYCLE SIDE CAR) 3 - THIRD – MIDDLE			EJECTION			
2 - EMS			7 - BOOSTER			) – MIDDLE ) – RIGHT SIDE	1 - NOT EJECTED						
3 - P0L10			8 - HELMET		PER SECTION O		2 - PARTIALLY EJECTED						
9 - OTHE	R / UNKNO	WN		(VE PADS USED (NEES, ETC.)	ENGER IN OTH		3 - TOTALLY EJECTED						
			10 - REFLECT		O AREA (NON-TR ICK-UP WITH CAF		4 - NOT APPLICABLE						
				- PEDESTRIAN	12 - PASSI	ENGER IN UNE		TRAPPED					
			/ BICYCLE		O AREA LING UNIT		1 - NOTTR	APPED					
			99 - OTHER / U	NKNOWN	ING ONTI	EXTERIOR		ATED BY ME	CHANIC	AL			
					(NON-7	TRAILING UNIT)		MEANS					
					15 - NON-N			3 - FREED MEANS	BY NON-ME	HANICA	AL.		
NAR4E	T FIDOT *****	r			77 - UIHE	R / UNKNOWN							
NAME: LAS	T, FIRST, MIDDL	C.					DAT	E OF BIRTH		AGE	GENDER		
Annorse.	STREET, CITY, S	TATE 710					CONTACT DUCKS	INGLES .	1_1_1		$\square$		
WRREGO:	3 : NEE1, UITY, 3	IMIC, 21P					CONTACT PHONE	- INCLUDE AREA COL	DE.		, I		
NAME, LACT COST MUNIC													
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
ADDRESS. SINCEL, CHT, STATE, ZIP						CONTACT PHONE	- INCLUDE AREA COL	DE .					
NAME, LACT FIRST WINDLE													
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ADDRESS.	STREET, CITY, S	TATE 7IP					CONTACT PHONE INCLUSE 1995						
	, 011 1, 3	by bet					CONTACT PHONE - INCLUDE AREA CODE						
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