SHIP SEAFFIC CRASH REPORT  LOCAL INFORMATION	LOCAL REPORT NUMBER*  L   P   1   8   0   1   1   5   0   0   0   2   4   4   3   1-FATAL 2 - NAURY 2 - UNSOLVED 2 - UNSOLVED 2 - UNSOLVED						
PHOTOS TAKEN POO UNDER PRIVATE REPORTING AGENCY NOIC * REPORTING AGENCY NAME *	NUMBER OF UNIT IN ERROR UNITS 90 - ANIMAL						
OH-2 OH-1P STATE REPORTABLE ROLLARAMOUNT OLLARAMOUNT O	olice Department 0 1 99 - UNKRIOWN  CRASH DATE* TIME OF CRASH: DAY OF WEEK						
[8 3]							
DEGREES / MINUTES / SECONDS LATITUDE	DECIMAL DEGREES LATITUDE  LONGITUDE  LONGITUDE  LONGITUDE  LONGITUDE  LONGITUDE  LONGITUDE  LONGITUDE  LONGITUDE						
l al aliev	ES OR MILEPOST <sup>2</sup>						
M UNDIMDED	E QT - COURT HW - HEGHWIN PK - PARKWAY RO - ROAD TE - TERRACE EVARD DR - DRIME LA - LANE PL - PIKE SQ - SCRIARE TL - TRAIL						
LOCATION ROUTE NUMBER ROUTE TYPE1  LOCATION ROUTE NUMBER LOC PREFIX LOCATION ROAD NAME Red Lion-5 Pts	R D LOCATION ROAD TYPE 2 IS US ROUTE  ROUTE TYPES 1  IR - INTERSTATE FOUTE (INC. TURNPIKE)  OR - NUMBERED COUNTY ROUTE  TR - HUMBERED TOWNSHIP ROUTE  SR - STATE ROUTE						
DISTANCE FROM REFERENCE  MILES  DIR FROM REF  REFERENCE REFERENCE ROUTE NUMBER  REF PREFIX  ROUTE  TYPE 1  ARS, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)  REFERENCE ROAD  TYPE 2						
REFERENCE POINT USED	CALLWAY GRADE CROSSING SHARED-USE PATHS OR TRAILS INTERSECTION RELATED  INTERSECTION RELATED  LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDET 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNCKOYN 4 - ON ROADSIDE						
ROAD CONTOUR  1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL 9 - UNKNOWN 3 - CURVE LEVEL 9 - UNKNOWN 04 - IGE	T 06 - WATER (STANDING, MOVING) 10 - OTHER OW 07 - SLUSH 99 - UNKNOWN						
MAYNER OF CRASH COLLISIONIMPACT  1 -NOT COLLISION BETWEEN 2 - REAR-END 5 - BACKING 6 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN 5 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN	WEATHER  1 - CLEAR  4 - RAIN  7 - SEVERÉ CROSSWINDS  2 - CLOUDY  5 - SLEET, HAIL  8 - BLOWING SAND, SOIL, DIRT, SNOW  3 - FOG, SMOG, SMOKE  6 - SNOW  9 - OTHERUNKNOWN						
ROAD SURFACE  1. CONCRETE 4. SLAG, GRAVEL, 2- BLACKTOP, BITUMINOUS, ASPHALT 5- DIRT 3- BRICK/BLOCK 6- OTHER  UCHT CONDITIONS  SECONDARY 1. DAYLIGHT 2. DAWN 3. DUSK 4. DARK - LIGHT							
WORKERS PRESENT  WORK  LAW ENFORCEMENT PRESENT  (OFFICERA/DIKLE)  RELATED  LAW ENFORCEMENT PRESENT  (OFFICERA/DIKLE)  A - INTERMIT!  1 - LANE CLOSURE  2 - LANE SHIFTCROSSOVER  5 - OTHER  3 - WORK ON SHOULDER OR MEDIAN  WERKE COAT!)	LOCATION OF CRASH IN WORK ZONE  1. BEFORE THE FIRST WORK ZONE WARNING SIGN  2. ADVANCE WARNING AREA  3. TRANSITION AREA  3. TRANSITION AREA						
Unit 1 was traveling northbound on Red Lion-5 Pts Rd. Unit 1 lost control on the icy roadway, went off of the roadway right and struck a tree. Due to the inclement weather, the driver was not issued a citation.  REPORT TAKEN BY    Supplement (Correction or addition to An Existing Report Sent to Octa)	NOT TO SCALE  NOT TO SCALE  8148  RED LIONIS PTS RD  OTHER INVESTIGATION TIME TOTAL MINUTES						
	$1_{1}5_{1}1_{1}5_{1}$ $1_{1}6_{1}0_{1}0_{1}$ $3_{1}0_{1}$ $0_{1}0_{1}7_{1}5_{1}$						
OFFICER STATE	FICER'S BADGE NUMBER CHECKED BY Page 1 of 3  1 L 2 5 JLB705						

OHIO DEPARTMENT OF PATILLE SAFETY EBACATION - FIGURE OF PATILLE SAFETY	Unit					LOCAL REPORT NUM		0   0   0   2   4   4			
104		DDLE ( SAME AS DRIVER)		OWNER PHONE NUMBE	R - INC, AREA CODE (	SAME AS DRIVER)	DAMAGE SCALE DAM	AGED AREA FRONT			
OWNER ADDRESS: CITY, S		DRIVER)	0.110				1-NONE 09	5			
245 Steeplecha		ooro, Ohio 45066	VEHICLE IDENTIFICATION NUMBER			# OCCUPANTS	2 - MINOR	10 04			
[O]H]	HCL398	36	5 F N R L 5	H <sub>I</sub> 2 <sub>I</sub> X <sub>I</sub> B <sub>I</sub> B <sub>I</sub> (	0 <sub>1</sub> 2 <sub>1</sub> 1 <sub>1</sub> 5 <sub>1</sub> 3		3- FUNCTIONAL				
2 0 1 1		HOND	0	dyssey		SIL	4 - DISABLING 07 06 06				
PROOF OF INSUR- INSURANCE SHOWN	ANCE COMPANY G	elco	РОЛЮЧ NUMBER 4371457		San	dys	9 - UNKNOWN REAR CARRIER PHONE: INCLUDE AREA CODE				
CARRIER NAME, ADDRESS, C	ITY, STATE, ZIP						CARAGET HORE: MOI	ODE MENGODE			
US DOT  HM PLACARD ID No.	2 - 10,001	GWR/GGWR HAN OR EQUAL TO 10K LBS. TO 26,000 LBS. THAN 26,000 LBS.	02 - BUSAVAN (9-15 SE 03 - BUS (16+ SEATS,	EATS, INC DRIVER)	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCREYE MIXE						
HM CLASS NUMBER	HAZARDON RELEASED	US MATERIAL	06 - INTERMODAL CO 07 - CARGO VANGENO 08 - GRAIN, CHIPS, G	LOSED BOX	14 - AUTO TRANSPOR 16 - GARBAGE/REFUS 99 - OTHER/UNKNOW	SE F					
02 - INYER: 03 - INYER: 04 - MIDSL 05 - TRAVE 06 - BICYC 07 - SHOUN 08 - SIDEV 10 - DRIVE 11 - SHAMI 12 - NON-T	SECTION - MARKED CROSS SECTION - NO CROSSWALK SECTION - OTHER DECTION - OTHER COCATION LLANE - OTHER LOCATION SLE LANE DERROADSIDE	LK 1-PERSONAL	99 - UNKNOWN 03 - MID SIZI 05 - MINIVAN 06 - SPORT 1 07 - PICKUP 08 - VAN 09 - MOTORI 11 - SNOWN 11 - SNOWN 11 - SNOWN	ET  E  UTILITY VEHICLE  CYCLE ZED BICYCLE	13 - SINGLE UI 14 - SINGLE UI 15 - SINGLE U 16 - TRUCKTR 17 - TRACTOR 18 - TRACTOR 20 - OTHER M						
04 - B 05 - B 06 - B 07 - E 08 - B			20 - GOLF CART 21 - TRAIN  TY 22 - OTHER (EXPLAIN IN I	IMPACT AREA	08 - LEFT SIDE  NT 09 - LEFT FRONT  10 - TOP AND WIND  11 - UNDERCARRIA  12 - LOAD/TRAILER  13 - TOTAL (ALL ARE  14 - OTHER	NT 2 - NON-COLLISION SINDOWS 3 - STRIKING RIAGE 4 - STRUCK SILER 5 - STRIKING/STRUCK SILER 5 - STRIKING/STRUCK					
PRE-CRASH ACTIONS  0 1  99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING#ASSIN 05 - MAKING RIGHT TUR 06 - MAKING LEFT TURN	N 11 - SLOWING OR STO	FFIC LANE 14 - OYHER N	ITING A CURVE LOTORIST ACTION			BING, FLAYING, CYCLING				
CONTRIBUTING CIRCUMS! PRIMARY  117  SECONDARY  99 - UNKNOWN	ANCES  MOTORIST  01 - NONE  02 - FAILURE TO YIELD  33 - RAN RED LIGHT  04 - RAN STOP SIGN  05 - EXCEEDED SPEED  06 - UNSAFE SPEED  07 - IMPROPER TURN  08 - LEFT OF CENTER  09 - FOLLOWED TOO CL  10 - IMPROPER LANEC  //PASSING/OFF RO	12 - IMPI 13 - STO 14 - OPE 15 - SWE 16 - WR 17 - FAIL 18 - VISI 0-05ELYIACDA 19 - OPE IMNIGE 20 - LOA		PER START FROM PARKED FOSITION         23 - IMPT           ED OR FARKED ILEGALLY         24 - DART           ED OR FARKED ILEGALLY         25 - LYING           ING 10 AVOID FUEL TO EXTERNAL CONDITIONS         26 - EVALU           ING 10 AVOID FUEL TO EXTERNAL CONDITIONS         26 - FALL           E TO CONTROL         28 - INAT           OBSITRUCTION         22 - FALL           INRA DEPEROTIVE EQUIPMENT         // SIG           SHETING/FALLING/SPILLING         30 - WRO			VEHICLE DEFECTS  01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER GUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS				
SEQUENCE OF EVENTS  1 0 8 2 4  FIRST 2 2  EVENT 2 2  COLLISION WITH PERSON 15 - PEDALCYCLE 15 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - OT HER 19 -	(TRAIN, ENGINE)	99 - UNKNO 99 - UNKNO 21 - PARKÉO MOTOR VEHICI 22 - WORK ZONE MAINTENAI 23 - STRUCK BY FALLING, SH OR ANYTHING SET IN MO MOTOR VEHICLE 24 - OTHER MOVABILE OBJECT	COLLISION WITH I 25 - IMPACT ATTI LE 25 - BRIDGE GVE NOE EQUIPMENT 27 - BRIDGE PIAR HIFTING CARGO 28 - BRIDGE PIAR DTION BY A 29 - BRIDGE RAI 30 - GUARDRAIL	ROLLOVER JSION  I  EXECUTION STATE OF SHIFT EXECUTION SHIFT EXECUTION SHIFT EXECUTION SHIPT EX	06 - EQUIPMENT FAIR (BLOWN TIRE, BRW 07 - SEPARATION OF 08 - RAN OFF ROAD 09 - RAN OFF ROAD 33 - MEDIAN GUAS 35 - MEDIAN GONG 36 - MEDIAN ONG 37 - TRAFFIG SIGN 38 - OVERHEAD SI 39 - LIGHTZUMIW	(EFAILURE, ETC) 11 - ( UNITS C RIGHT 12 - 1 LEFT 13 - ( E BARRIER 41 IDRAIL BARRIER RETE BARRIER 45 RETE BARRI	CROSS MEDIAN DROSS CENTER LINE DPOSITE DIRECTION OF TO DOWNHILL RUNAWAY DTHER NON-COLLISION  OTHER POST, POLE OR SUPPORT  CULVERT CURB CURB CHEMBANKMENT  FENCE	TRAVEL  48 - TREE  49 - FIRE HYDRANT  50 - WORK ZONE MAINTENANCE EQUIPMENT  51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT			
20 - MOTOR VEHICLE  UNIT SPEED  3 5   STATEO  STATEO  STATEO	IN TRANSPORT	PRAFFIC CONTROL.  1 2 01 - NO CONTROL  02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGN 05 - TRAFFIC SIGN 06 - SCHOOL 20	32 - PORTABLE  OLS 07 - RAILROAD CROSS N 08 - RAILROAD FLASE SN 09 - RAILROAD GATES IGNAL 10 - CONSTRUCTION ASHERS 11 - PERSON (FLAGGER	BARRIER  BUCKS 13 - CROS IERS 14 - WALK S 15 - OTHE BARRICADE 16 - NOT I	40 - UTILITY POLE SWALK LINES JOON'T WALK		1 - NORTH 5 2 - SOUTH 6 3 - EAST 6	i - NORTHEAST 9 - UNKNOWN I - NORTHWEST 7 - SOUTHEAST 3 - SOUTHWEST			

į		SAFETY	OTORIST	/ N	ои- <b>I</b> \	<b>/</b> lot(	OR	IST / O	CC	UPANT	LOCAL REPO			5 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 0	1214141		
ĺ	UNIT NUMBER	R NAME: LAST, FIRST, MIDDLE Patel, Sanjay Jashbhai									DATE OF BIRTH			AGE	GENDER F-FEMALE M-MALE		
ŀ		DRESS, CITY, STATE, ZIP											0 1 2 5 1 9 6 9 48 M M-MALE  CONTRACT PHONE-INCLUDE AREA CODE  (937)716-6598				
N-MOTORIS	INJURIES II	\										DOY COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
TORISTINO	0LSTATE	OPERATOR LICENSE	NUMBER	OL CLASS					CTED	ALCOHOL TEST STATUS	HELMET			DRUGTEST S	TATUS DRUGTEST TYPE		
W	OFFENSE CH	UH162841	·	4 Ioffe	VALID OL		1		Ci	TATION NUMBER	1		HANDS	EREF DRIV	ERDISTRACTED BY		
												D DEVICE USED 1 GENDER					
	UNIT NUMBER	IT NUMBER NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH  AGE  GENDER  F - FEMALE  M - MALE					
ORIST	ADDRESS, CH	SS, OHY, STATE, ZIP									CONTACT PHONE-INCLUDE AREA CODE						
T/NON-MOT	INJURIES II	NJURED TAKEN BY	EMS AGENCY			MEDICAL FA	CILITY IN	JURED TAKEN TO	SAF	ETY EQUIPMENT USED	BOT COM MOTORCY HELMET	BLIANT	SEATING POSITION	AIR BAG USAG	GE EJECTION TRAPPED		
MOTORIS	OLSTATE	OPERATOR LICENSE	E NUMBER	OL CLASS	NO □VALID	M/C CO	NOTION	ALCOHOL/DRUG SUSPI	SCTED	ALCOHOL TEST STATUS	ALCOHOL TEST	TTYPE AL	COHOL TEST VALL	JE DRUG TEST S	STATUS DRUG TEST TYPE		
	OFFENSE CH	ARGED ( LOCA	AL CODE)	OFFE	OL HISE DESCRIPTION	1			Cr	TATION NUMBER	<u>                                     </u>		HANDS DEVICE	I —	ER DISTRACTED BY		
	INJURIES		INJURED TAKEN BY		SAFETY EQU	ЛР <b>М</b> ЕИТ ÜSEI	D (5) (5)	90 - Ur	iknown s	AFETY EQUIPMENT		NON.	USED	<u>    L</u>	<u> </u>		
	2 - PossiBi	CAPACITATING	D 1 - NOT TRANSPORT TREATED AT SCI 2 - EMS 3 - POLICE		01 - NONE 02 - SHOU 03 - LAP B	USED - VEHICI DER BELT ON ELT ONLY USEI	YUS€D D	06 - CI 07 - BC	IILD REST DOSTERS			69 - 10 - 11 -	NONE USED HELMET USED PROTECTIVE PAC	13 DS USED 14	- REFLECTIVE GLOTHING I- LIGHTING - OTHER		
	6-FATAL		4 - OTHER B - UNKNOWN		04 - SHOU	DER AND LAP	BELT USE	D 08-H	ELMET US	ED .			(EL BOWS, KNEES,	ETU) R BAG USAGE	3		
	02-FRONT	- LEFT SIDE (MOTOR	CYCLE DRIVERJ	08 09	-THIRO -LEFT : -THIRO MIDDLE -THIRD - RIGH	: TSIDE		ECAR)	13 - 1 14 - F	ASSENGER IN UNENCL RAILING UNIT IIDING ON VEHICLE EXT	165			1 - NOT DEPLOYE 2 - DEPLOYED FR 3 - DEPLOYED SID	DNT E		
	04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 10 - SLEEPER SECTION OF CAB (TRUCK) 15 05 - SECOND - MIDDLE 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA 16								16-0	ION-MOTORIST OTHER INKNOWN				4 - DEPLOYED BO 5 - NOT APPLICAE 9 - DEPLOYMENT	LE Unknown		
	EJECTION  -NOTEJI   2-TOTALL	egted Yejected	RAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS	1 2-	RATOR LICEN CLASS A CLASS B	SE CLASS	00000 00000	ONDITION 1 - APPARENTLY NOR 2 - PHYSICAL IMPAIRN 3 - EMOTIONAL (DEPRE	ENT	- 6	- FELL ASLEEP, - Under the IN MEDICATIONS	FLUENCE (	FATIGUED DF	LCOHOL/DRUG S 1 - NONE 2 - YES - ALCOHO 3 - YES - HBD NO	LSUSPECTED		
	4 - NOTAP	LY EJECTED PLICABLE	3 - EXTRICATED BY NON-MECHANICAL MEAN	4.	CLASS C REGULAR CLAS MICAMOPED OF			4 - ILLNESS	3363,744	J	OTHER		500 (600) (600)	4 - YES - DRUGS S			
2 - TEST REFUSED 2 - BLOOD 2 - TEST REFUSED 2 - BLOOD 2 - PHONE 7 - EXTERNAL									ER INSIDE THE VEHICLE RNAL DISTRACTION								
	4-TEST G	IVEN, RESULTS KNO IVEN, RESULTS UNK	WN	3 - URINE 4 - BREATH 5 - OTHER		4 - TEST GIVE	N, RESUL			4 - OTHER	4 - ELECTR 5 - OTHER I (NAVIGA)	ONIC COMP ELECTRONI TON DEVICE	MUNICATION DEVI	-			
	UNIT NUMBER	R NAME: LAST, F	RST, MIDDLE								DATE OF BIRTH	<u> </u>	<u> </u>	AGE	GENDER F-FEMALE M-MALE		
OCCUPANT	ADDRESS, C	TY, STATE, ZIP										CONTAC	T PHONE-INCLUDE	AREA CODE			
٠	INJURIES	INJURED TAKEN BY	EMS AGENCY			MEDICAL F.	ACILITY II	IJURED TAKEN TO	SA	FETY EQUIPMENT USE	D DOT CO MOTORC HELMET		SEATING POSITIO	N AIR BAG USA	GE EJECTION TRAPPED		
	UNIT NUMBE	R NAME: LAST, F	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH	:		AGE	GENDER F - FEMALE M - MALE		
OCCUPANT	ADDRESS, C	DDRESS, CITY, STATE, ZIP  CONTACT PHONE- NIGHUDE AREA CODE												<u> </u>			
200	INJURIES	INJURED TAKEN BY	EMS AGENCY			MEDICALE	ACILITY II	NJURED TAKEN TO	S#	FETY EQUIPMENT USE	D DOT CO	MPLIANT	SEATING POSITIO	ON AIR BAG USA	GE EJECTION TRAPPED		
										Ш	HEUMET						