TRAFFIC CRASH REPORT LOCAL REPORT NUMBER? LIPIT 8 10 12 10 11 0 10 10 5 3 10 1 3 10 2 10 11 0 10 10 5 3 10 1 3 10 1 3 10 10 10 10 10 10 10 10 10 10 10 10 10				
LOCAL MFORMATION DOCUMER PRIVATE REPORTING AGENCY NOIC * REPORTING AGENCY NAME *		[UNIT IN ERROR
OH-2 OH-1P STATE PROPERTY 0 8 3 1 1 6 Clearcreek Twp.	Police Department		0 2 UNITS	0 1 99 - ANIMAL 99 - UNKNOWN
COUNTY* CITY* CITY, VILLAGE, TOWNSHIP* 8 3		CRASH DATE* _0		1 1
DEGREES / MINUTES / SECONDS LATITUDE 0 / // 0 /	DECIMAL DEGREES LATITUDE	0.0040	LONGITUDE	5.2.0
	" R 3 9 5 5	3 3 2 1 0	- <u>8 4 1 7 3</u>	0 0 0 0
N-NORTHBOUND E-EASTBOUND 0 2 A-AU N-NORTHBOUND W-WESTBOUND 0 2 A-AU N-AM	LEY CR-CIRCLE ENUE CT-COURT	HW-HIGHNAY PK-PARKWAY	PL: PLACE ST-STREET RD-ROAD TE-TERRACE SQ-SQUARE TL-TRAL	WA-WAY
SR LOCATION LOCATION ROLITE NUMBER LOC PREFIX LOCATION ROAD NAME N, S, E, W		LOCATION ROUTE TYPES ¹ IR : INTERSTATE ROUTE (I) ITHE ² US AUS ROUTE SQ - STATE ROUTE	"	IBERED COUNTY ROUTE
DISTANCE FROM REFERENCE DIR FROM REF ROM REF REFERENCE ROUTE ROUT	5.	LEPOST, HOUSE #)		REFERENCE ROAD TYPE ²
3 1-INTERSECTION 01 1 02-FOUR-WAYINTERSECTION 07-ONRAWP	1 - RAILWAY GRADE CROSSING 2 - SIIARED-USE PATHS OR TRAILS 9 - UNKNOWN	INTERSECTION RELATED	2 - ON SHOULDER 6 -	T ON GORE CNITSIDE TRAFFICWAY UNORIOWAL
ROAD CONTOUR	WET 06 - WATER (STANDII SNOW 07 - SLUSH	,,	IS, BUMPS, UNEVEN PAVEMEN	FT * *SECONDARY CONDITION ONLY
MANNER OF CRASH COLLISIONAMPACT 1. HOT COLLISION BETWEEN 2 - NEAR-END 5 - SACKING 8 - SIDESWIPE, OPPOSITE TWO MOTOR VEHICLES 3 - HEAD-ON 6 - ANGLE DIRECTION 1 TRUISPORT 4 - PEAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SM	4 - RAIN 5 - SLEET, HAIL OG, SMOKE 6 - SNOW	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DI 9 - OTHERAWKNOWN	IRT, SNOW
ROAD SURFACE 1 - CONCRETE 2 - DLACKTOP, BITUMINOUS, ASPHALT 3 - BRICKMBLOCK 4 - SLAG, GRAVEL, 5 - DIRT 5 - DIRT 4 - DARK - LI 1 - CONDITIONS UIGHT CONDITIONS 1 - DAYLIGH 2 - DAWN 3 - OUSK 4 - DARK - LI		NADWAY NOT LIGHTED 9 - UNI KNOWN ROADWAY LIGHTING * SECONDARY CONDITI	KNOWN SCHOOL ZONE RELATED	SCHOOL BUS RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS NDIRECTLY INVOLVED
WORKERS PRESENT WORK LAW ENFORCEMENT PRESENT (OFFICEMENCE) LAW ENFORCEMENT PRESENT (OFFICEMENT PRESENT (OFFICEMENT PRESENT (OFFICEMENT PRESENT) (OFFICEMENT PRESENT) (OFFICEMENT PRESENT) (OFFICEMENT PRESENT) (OFFICEMENT PRESENT)	INTENT OR MOVING WORK	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK Z 2 - ADVANCE WARNING AREA 3 - TRANSITION ANEA		4 - ACTIVITY AREA 5 - TERMINATION AREA
Unit 2 was traveling southbound on N St Rt 48 with its hazards flashing. Unit 1 was also traveling southbound on N St Rt 48 when, near the address of 6701, Unit 2 began to turn into this driveway, while simultaneously Unit 1 attempted to overtake and pass to the left. As a result, Unit 1 struck Unit 2 in the southbound lane of travel Unit 2 is a rental car that is self insured by Enterprise. According to Enterprise the renter of Unit 2 declined their self insurance coverage			Not To Scale Bridge	
REPORT TAKEN BY SUPPLEMENT (CORRECTION OR ADDITION TO				
AN EXISTING REPORTS EINT TO 00PS) OATE CRASH REPORTED TIME CRASH REPORTED DISPATCH TIME	ARRIVAL TIME	· · · · · · · · · · · · · · · · · · ·	HER INVESTIGATION TIME	TOYAL MINUTES
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	0 7 5 6	0 9 0 1 6	S ₁ 0 ₁ 1	0 ₁ 1 ₁ 2 ₁ 5 ₁
Bates, Jason - LP	1 L 2 2	COH530		Page 1 of 4

OHIO DEPARTMENT OF PARTIES TO PAR	JNIT					LOCAL REPORT NUM		0 0 0 5 3 0	
UNIT NUMBER OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE NUMBER - INC. AREA CODE (Markman, Steven R							MAGED AREA FRONT		
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER) 10983 Pennfield RD, Dayton, Ohio 45458							1 - NONE 09		
LP STATE LICENSE PLATE NUMBER GMV7386 VEHICLE IDENTIFICATION NUMBER 1 G 2 N F 5 2 E 2					12 ₁ 2 ₁ 6 ₁ 3 ₁ 9	# 0000UPANTS	2 - MINOR 08 3 - FUNCTIONAL	10 04	
					VEHICTE ¢	OLOR BLK	4 - DISABLING 07	06 05	
PROOF OF INSURANCE SHOWN INSURANCE SHOWN	State ZIP	Farm	POLICY NUMBER 95834	Sa	ndys	9 - UNKNOWN CARRIER PHONE- INC	REAR DUIXE AREA CODE		
ON GENERAL STATE	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.								
US DOT HM PLACARD ID No.	MPLACARD ID No. 01 - NO CARC 2 - 10,001 TO 28,000 LBS. 03 - MORE THAN 20,000 LHS. 04 - US (HS. 05 - LOGGIN		01 - NO CARGO 02 - BUS/VAN (9 03 - BUS (16+ S 04 - VEHICLE T 05 - LOGGING	O BODY TYPEMOT APPLICABL 9-15 SEATS, INC DRIVER) 5EATS, INC DRIVER) FOMING ANOTHER VEHICLE 5 DAL CONTAINER CHASSIS	JEATS, INC DRIVER) 10 - CARGO TANK I, INC DRIVER) 11 - FLAT BED IG ANOTHER VEHICLE 12 - CUMP 13 - CONCRETE MIXER		XWAY DESCRIPTION 1 - TWO-WAY, NOT DIMIDED 2 - TWO-WAY, NOT DIMIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIMIDED, UNPROTECTED (PRINTED OR GRASS-4 FT.) MEDIAN 4 - TWO-WAY, DIMIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY		
HM CLASS NUMBER	RELEASED		07 - CARGO VA 08 - GRAIN, CH	MVENCLOSED BOX HIPS, GRAVEL	15 - GARBAGERREF 99 - OTHERJUNKNO		-		
02 - INTERSEC 03 - INTERSEC 04 - MIDBLOCI 05 - TRAVEL L 06 - BICYCLE 07 - SHOULDE 06 - SIDEWAL 09 - MEDIANK 10 - DRIVEWA 11 - SHARED-	TION - MARKED CROSSI TION - 1 NO CROSSIWALK TION - 0 THEE (- MARKED CROSSWAL NNE - 0 THER LOCATION LANE RROADSIDE K RROADSIDE K RROSSING ISLAND VACCESS USE PATH OR TRAIL FFICWAY AREA	K 1-PERSONAL	0 3 ot - st 59 - UNKNOWN 03 - Mi or HIT / SKIP 04 - FU 05 - Mi 06 - St 07 - Pi 08 - Vi 09 - Mi 10 - Mi 11 - St	PORT UTILITY VEHICLE ICKUP	13 - SINGLE 14 - SINGLE 15 - SINGLE 16 - TRUCKT 17 - TRACTO 18 - TRACTO 19 - TRACTO 20 - OTHER		, 6 TIRES 21 - BUSA/A 22 - BUS (16 NON-MOTOR 23 - ANIMA 24 - ANIMA 25 - BICYCI 26 - PEDES	O (9 OR MORE INCLUDING DRIVER) N (9-15 SEATS, INC DRIVER) H SEATS, INC DRIVER) RIST L WITH RIDER L WITH BUGGY, WAGON, SURREY LEPEDACYCLIST LIRIANSKATER NON-MOTORIST	
04 - BUS 05 - BUS 06 - BUS 07 - BUS 09 - HUS PRE-CRASH ACTIONS 0 4 01	TAL TRUCK (OVER 10K LE SCHOOL (PUBLIC OR PRI TRANSIT - CHARTER - SHUTTLE - OTHER - OTHER - STRAIGHT AHEAD	VATE) 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILIT 15 - OTHER GOVERN 16 - CONSTRUCTION 07 - MAKING UTURE	MENT LEQUIP. N 13 - NE	MENT IN IN MARRATIVE) GOTHATING A CURVE	03 - RIGHT FROM 04 - RIGHT SIDE 05 - RIGHT REAF 06 - REAR CENT 07 - LEFT REAR NON-MOTORIST 15 - ENTERING OR CR	10 - TOP AND WINDS 11 - UNDERCARRIAG R 12 - LOAD/IRALER ER 13 - TOTAL (ALL ARE. 14 - OTHER OSSING SPECIFIED LOCATIO	N 21 - OTHER N	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKINGSTRUCK 9 - UNKNOWN	
02 - BACKING 08 - ENTERING TRAFFIC LANE 14 - OTHER MOTORIST ACTION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 09 - LIFAVING TRAFFIC LANE 17 - WORKING 09 - LIFAVING TRAFFIC LANE 17 - WORKING 04 - OVERTIAKING/ASSING 10 - PARKED 18 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING									
SECONDARY OB - UNKNOWN	DTORIST 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - EXCEEDED SPEED I 6 - UNSAFE SPEED 7 - IMPROPER TURN 8 - LEFT OF CENTER 9 - FOLLOWED TOO CILC 1 - FASSING/OFF ROA	12 - IMPI 13 - STO 14 - OPE IMIT 16 - WR 17 - FAIL 18 - VISI 35ELY/ACDA 19 - OPE ANGE 20 - LOA	ROPER BACKING ROPER START FROM PARKED IL POPEO OR PARKED ILLEGALLY STATING VIENICE. IN NEGLIGE FRANG TO AVOID [DUE TO EXTI ONG SIDEM/RONG WAY UNRETO CONTROL ON OBSTRUCTION PARTING DEFECTIVE KOUIPAGE ID SHIFTINGSFALLINGSPILLIN ERR IMPROPER ACTION	POSITION INT MANNER RENNAL CONDITIONS) INT	ON-MOTORIST 22 - NONE 23 - IMPROPER CROSSI 24 - DARRING 25 - LYNG ANDIOR ILLEG 26 - FAILURE TO YIELD R 27 - NOT VISIBLE (DARK) 28 - INATTENTIVE 28 - FAILURE TO OBEY IT // SIGNAL,5/OFFICER 30 - WRONG SIDE OF THI 31 - OTHER NON-MOTOR	ALLY IN ROADWAY RIGHT OF WAY CLOTHING) RAFFIC SIGNS E ROAD	02 - 6 03 - 7 04 - 8 05 - 6 03 - 7 07 - 4 08 - 1 09 - h	TURN SIGNALS HEAD LAMPS FRAKES STEERING HIRE BLOWOUT VORN OR SLICK TIPES RAILER EQUIPMENT DEFECTIVE LOTOR TROUBLE SISABLED FROM PRIOR ACCIDENT OTHER DEFECTS	
SEQUENCE OF EVENTS 1 2 0 2 FIRST HARMFUL 1	3 4 MOST 1 LAFEMFUL 1	99 - UNKNO	01 - OVERN 02 - FIREA 03 - IMMEI 04 - JACKI		07 - SEPARATION O 08 - RAN OFF ROAL	AKE FALURE, ÉTC) 11 - C FUNITS 0 DRIGHT 12 - D	ROSS MEDIAN ROSS CENTER LINE PPOSITE DIRECTION OF OWNHILL RUNAWAY THER NON-COLLISION	TRAVEL	
COLLISION WITH PERSON 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VERGLE (TR 17 - ANIMAL - FARM 18 - ANIMAL - OBER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE INT	VEHICLE OR OBJECT NO : : AIN, ENGINE) 2	LEIKEO 21 - PARKED MOTOR VEHICI 12 - WORK ZONE MAINTENAN 13 - STRUCK BY FALLING, SHI ORANYTHING SET IN MO MOTOR VEHICLE 14 - OTHER MOVABLE OBJECT	25 - IMPAC LE 26 - BRIDG UCE EQUIPMENT 27 - BRIDG IFTING CARGO 28 - BRIDG ITION BY A 29 - BRIDG 30 - GUAR - 31 - GUAR	MITHEIXED OBJECT TATERALATORICIASH ICUSHI E OVERHEAD ISTRUCTURE III PIER OR ABUTMENT E PARAPET E PAUL DRAIL FACE IDRAIL END ABLE BARRIER	33 - MEDIAN CABL 34 - MEDIAN GUA 35 - MEDIAN CON 36 - MEDIAN OTH 37 - TRAFFIC SIG 36 - CVERHEAD S 39 - LIGHTAUMIN 40 - UTILITY POL	RDRAIL BARRIER	OTHER POST, POLE OR SUPPORT - CULVERT - CURB - DITCH - EMBANKMENT - FENCE - MAILBOX	48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT	
UNIT SPEED 4 5 3 SYATED ESTIMATED	4 5	AFFIC CONTROL 01 - NO CONTRO 02 - STOP SIGN 03 - YIELD SIG 05 - TRAFFIC FL	08 - RAILROAD (N 09 - RAILROAD (GMAL 10 - CONSTRUC ASHERS 11 - PERSON (FL/	FLASHERS 14 - W. GATES 15 - O' TION BARRICADE 16 - NO AGGER, OFFICER)	OSSWALK LINES ALKADON'T WALK THER DY REPORTED	UNIT DIRECTION FROM 1 TO	2 - SOUTH 3 - EAST	5 - NORTHEAST 8 - UNKNOWN 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	

OHIO DEPARTMENT OF PUBLIC SAFETY EDUCATION - SCHOOL - PROTECTION	<u>Unit</u>								101010[51310]
	WINER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER) (AN) Holdings IIC			DAMAGE SCALE	DAMAGED AREA FRONT				
L	EAN Holdings, LLC (513)423-3000			7	₀₉ 5 02 2 ₀₃				
		ulsa, Oklahoma 74					T N GOOD PART	S 2-MINOR	
INICI		VEHICLE IDENTIFICATION NUMBER VEHICLE IDENTIFICATION NUMBER			- 1	08 10 04			
VEHICLE YEAR 2 0 1 7	VEHICLE MAKE	NISS	VEHICLE MODEL A	ltima	ľ	VEHICLE COLO	MAR	4 - DISABLING	07 06 05
PROOF OF INS INSURANCE SHOWN	URANCE COMPANY State	Farm	POLICY NUMBER 8310215E2		TOWED BY			a - nukwomu	REAR
CARRIER NAME, ADDRESS	S, CITY, STATE, ZIP	•						CARRIER PHONE-	INCLUDE AREA CODE
US DOT HM PLACARD ID No. HM GLASS	1 - LESS THAN OR ECOAL TO TOK LESS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. 02 - BUSAWN (9-15 SE/ 03 - BUS (16 * SEATS, II 04 - VEHICLE TOMNG 05 - LOGGING 06 - INTERNODAL COI		IC DRIVER) ANOTHER VEHICLE STAINER CHASSIS DSED BOX	10 - CARG 11 - FLAT 12 - DUMI 13 - CONC 14 - AUTO 15 - GARE	GO TANK BED P CRETE MIXER TRANSPORTE BAGE/REFUSE	2 - TWOH 3 - TWOH 4 - TWOH 5 - ONEA	WAY, NOT DIMIDED WAY, NOT BIVIDED, CONTIN WAY, DIMIDED, UNPROTECTI WAY, DIMIDED, POSITIVE ME WAY TRAFFICWAY	ED (PAINTED OR GRASS>4 FT.) MEDIAN	
02 - INTI 03 - INT 04 - MIC 05 - TR/ 06 - BIC 07 - SHC 09 - ME 10 - DRI 11 - SHc	ERSECTION - MARKED CROSS ERSECTION - NO CROSSWALK ERSECTION - OTHER BLOCK - MARKED CROSSWA WEL LANE - OTHER LOCATION YCLE LANE DULDERROADSIDE	LK 1-PERSONAL	99 - UNKNOWN 02 - COMPACT 99 - UNKNOWN 03 - MID SIZE 05 - MINIVAN 04 - SPORT 107 - PICKUP 08 - VAN 09 - MOTORIZE 11 - SNOWNO	LES (LES THAN 9 PASSEIN PAGT ILLITY VEHIGLE CLE ED BICYCLE	GERS) MEI 13 14 15 16 17 18	- SINGLE UNIT - SINGLE UNIT - SINGLE UNIT - TRUCKITRAC - TRACTORION - TRACTORION - TRACTORION - OTHER MED	IKS OR COMBO UNITS T TRUCK OR VAN 2 AI IT TRUCK; 3 • AXLES IT TRUCK/TRAILER CTOR (BOBTAIL) EM-TRAILER OUBLE	> 10K LBS BUSNANA. KLE, 6 TIRES 21 - 8US 22 - 8US NON-MOT 23 - ANII 24 - ANII 25 - BIC 27 - OTH	ILIO (P OR MORE INCLUDING DRIVER) VAN (9-15 SEATS, INC DRIVER) (16 - SEATS, INC DRIVER) ORIST WALL WITH RIDER AAL WITH BUGGY, WAGON, SURREY CLEFFEDACYCLIST ESTRIANSKATER ER NON-MOTORIST
SPECIAL FUNCTION 01 02 03 04 05 06 07 08			17 - FARM VEHICLE 18 - FARM EQUIPMENT ENANCE 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAININ NAI	0 8	03 - RI EA 04 - RI 05 - RI 06 - RE	ONE ENTER FRONT GHT FRONT GHT SIDE GHT REAR EAR CENTER ET REAR	08 - LEFT SIDE 7 09 - LEFT FRONT 10 - TOP AND WIR 11 - UNDERGARR 12 - LOAD/TRAILI 13 - TOTAL (ALL A	IDOWS IAGE ER	N ACTION 1 - NON-CONTACT 2 - NON-COLUSION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS MOTORIST 10 - STRAIGHT AHEAD 07 - MAKING U-TURN 13 - NEGOTIATING A CURVE 15 - ENTERING OR CROSSING SPECIFIED LOCATION 21 - OTHER NON-MOTORIST ACTION 22 - DACKING 05 - KNTERING TRAFFIC LANE 14 - OTHER MOTORIST ACTION 15 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 04 - OVERTIARING-PASSING 10 - PARKED 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 19 - APPROACHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 19 - APPROACHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 19 - APPROACHING VEHICLE									
CONTRIBUTING CIRCUI PRIMARY 0 1 SECONDARY E9 - LINKNOWN	ISTANCES MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RIFO LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED 03 - UNSAFIE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO OL 10 - IMPROPER LANE CL INVASSING/OFF RO	12-IMFR 13-STOP 14-OPER 15-SWEF 16-WRO 17-FAILL 18-WRO 05ELY/ACDA 19-OPER 4AMGE 20-LOAC	DPER BACKING JPER START FROM PARKED POSITION JPER START FROM PARKED POSITION PED OR PARKED ILLEGALLY LATING VEHICLE IN NEGLIGENT MANI MING TO AVOID (INJE TO EXTERNAL OX NOS SIDEAWRONG WAY RE TO CONTROL. NO OBSTRUCTION ANIMO DEFECTIVE EQUIPMENT SHIFTING/FALLING/SPILLING R IMPROPER ACTION	22 1 23 NER 25 NONDITIONS) 26 27 28 29	- DARTING - LYING AND - FAILURE TO - NOT VISIBLE - INATTENTI - FAILURE TO - /SIGNALS/ - WRONG SI	R CROSSING FOR ILLEGALL' O YIELD RIGH LE (DARK CLO IVE O OBEY TRAFI	Y IN ROADWAY IT OF WAY ITHING) FIC SIGNS	02 03 04 05 03 07 08 09	S - TURN SIGNALS - HEAD LAMPS - HEAD LAMPS - BRAKES - STEERING - TIRE PLOWOUT - WORN OR SLICK TIRES - TRAILER EQUIPMENT DEFECTIVE - MOTOR TROUBLE - MOTOR TROUBLE - DISABLED FROM PRIOR ACCIDENT - OTHER DEFECTS
SEQUENCE OF EVENTS FIRST HARMFUL COLLISION WITH PET 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAIWAY VEHICL 17 - ANIMAL - FARM 18 - ANIMAL - OTH 20 - MOTOR VEHICL	MOST HARMEUL 1 SEENT TO SEEN WEHLOLE OR OR JECT NO	5	05 - CARGOREQUIP. COLLISION WITH FIX 25 - IMPACT ATTEN 26 - BRIDGE OVER- E EQUIPMENT 27 - BRIDGE PIER C TING CARGO 28 - BRIDGE PARAP	LLOVER ON MENT LOSS OR SHIFT EDLOBLECT UATORICIPASH CUSHION HEAD STRUCTURE DORABUTMENT ET ACIE NID	07 - SEPAI 08 - RAN - 09 - RAN - 09 - RAN - 09 - RAN - 04 - MEI 35 - MEI 36 - MEI 37 - YRJ 38 - OVI 39 - LIG	DIAN CONCRE DIAN OTHER I AFFIC SIGN PO ERHEAD SIGN	FAILINE, ETC) 11- NITS GAHT 12- GET 13- ARRHER RAIL BARRIER ETE BARRIER BARRIER BARRIER OST 14- N POST 16- BES SUPPORT	CROSS MEDIAN CROSS CENTER LINE OPPOSITE DIRECTION O DOWNHILL RUNAWAY OTHER NON-COLLISION A1 - OTHER POST, POLE OR SUPPORT 42 - GULWERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	
UNIT SPEED 1 0	POSTED SPEED TO	RAFFIC CONTROL 1 2 01 - NO CONTROL 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIG 05 - TRAFFIC FIA	08 - RAILROAD FLASHER 09 - RAILROAD GATES NAL 10 - CONSTRUCTION BAI DIERS 11 - PERSON (FLAGGER, C	RS 14 - WAL 15 - OTH RRICADE 16 - NOT DEFICER)	ISSWALK LINI KAYON'T WA IER FREPORTEC	ES LLK	PROM 1	1-NORTH 2-SOUTH 3-EAST 4-WEST	5 - NORTHEAST 9 - UNKNOWN 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST

OHIO OFFICE MOTORIST /	Non-Motorist / O	CCUPANT LOCAL REPO	RT NUMBER 118101210111010101513101			
UNIT NUMBER NAME: LAST, FIRST, MIDDLE 0 1 Markman, Elijah D		DATE OF BIRTH	3 2 0 0 0 1 17 M F-FEMALE M-MALE			
ADDRESS, CITY, STATE, ZIP 312 Crystal Point DR, Dayton, Ohio		CONTACT PHONE-INCLUDE AREA CODE (937)813-9494				
INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN YO	SAFETY EQUIPMENT USED DOT COMMOTORCY HELMEY				
OL STATE OPERATOR LICENSE NUMBER C	ICENSE NUMBER OL CLASS NO CONDITION ALCOHOLORUG SUSPECTED ALCOHOL TEST STATUS ALCOHOL TEST TYPE ALCOHOL TI ALCOHOL TI					
OFFENSE CHARGED (LOCALCODE) 4511.29	OFFENSE DESCRIPTION Driving Left of Center in Passing	CITATION NUMBER HANDS-FREE DRIVER				
UNIT NUMBER NAME: LAST, FIRST, MIDDLE	Enting Lote of Contact In Laboring	DATE OF BIRTH	USED CERDER F-FEMALE M M-MALE			
ADDRESS, CITY, STATE, ZIP		[[0]3]1	CONTACT PHONE-INCLUDE AREA CODE			
701 Pinta AVE, Middletown, Ohio 45	MEDICAL FACILITY INJURIED YAKEN YO	SAFETY EQUIPMENT USED DOT COM				
<u>¥</u>	DLCLASS NO COMDITION ALCOHOLIBRUG SUSPEC	TED ALCOHOLTEST STATUS ALCOHOLTEST	TYPE ALCOHOL TEST VALUE DRUG TEST STATUS DRUG TEST TYPE			
OFFENSE CHARGED (LOCAL CODE)	OFFERSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DRIMER DISTRACTED BY			
INJURIES INJURED TAKEN BY		NOWN SAFETY EQUIPMENT	USED L			
1 - NO ITALIENT INDICATED 1 - NOT TRANSPORTED 2 2 - POSSIGN TRANSPORTED 2 2 - POSSIGN TRANSPORTED 3 3 - NOHINCAPACITATING 2 - EMS 2 4 - INCAPACITATING 2 - EMS 2 5 - FAVAL 4 - OTHER 3 - SHOULDER AND LAP BELT ONLY USED 0 5 - CHILD RESTRANT SYSTEM - FORWARD FACING 10 - HELMET USED 13 - LICATING 14 - OTHER 11 - PROTECTIVE FADS USED 14 - OTHER 5 - FAVAL 04 - SHOULDER AND LAP BELT USED 08 - HELMET USED (ELBOWS, KHEES, ETC)						
SEATING POSITION 81 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 92 - FRONT - MODULE 93 - FRONT - RIGHT SIDE 94 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 95 - SECOND - MODULE 96 - SECOND - RIGHT SIDE	07 - THERD - LEFT SIDE (AUTOROYCLE SIDE CAR) 08 - THERD - MODULE 09 - THERD - RIGHT SIDE 10 - SLEEPER SECTION OF CAS (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NOT-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AF 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR PROFETRAL 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	2 - DEPLOYED FRONT			
E-SECTION 1- NOT SECTED 1- NOT TRAPPED 1- N	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGILAR CLASS (OHO IS "D") 5 - MCMOPED DILLY CONDITION 1 - APPARENTLY NORM 2 - PHYSICAL IMPAIRMENT 3 - ELIGITORIAL (DEPRESS 4 - ILLNESS 4 - ILLNESS	IT 6-UNDERTHE IN	ALCOHOLDRUG SUSPECTED 1. NOISE DRIVES, ALCOHOL 2. YES . ALCOHOL SUSPECTED 3. YES . HIED NOT MIPAIRED 4. YES - DRIVES SUSPECTED 5. YES . ALCOHOL AND DRIVES SUSPECTED			
ALCOHOL TEST STATUS 1. HONE						
UNIT NUMBER NAME: LAST, FIRST, MIDDLE DATE OF BIRTH GENCE F. FEMALE M. MALE						
ADDRESS, CITY, STATE, ZIP CONTACT PHONE- INCLUDE ANEA CODE 701 Pinta AVE, Middletown, Ohio 45044 (513)804-8980						
INJURES INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	0 4 DOT COME MELMET	CLE 03 1 1 1			
UNIT NUMBER NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GEHDER F - FEMALE: M - MALE ADDRESS, CITY, STATE, ZIP CONTACT PHONE-INCLUDE AREA CODE						
		DOT CO	AFERNI			