TRAFFIC CRASH REPORT	LOCAL REPORT NUMBER	
EDICATION - SERVICE - PROTECTION LOCAL INFORMATION	L ₁ P ₁ 1 ₁ 8 ₁ (0 3 0 2 0 0 1 0 0 7 2 10 0 1 1 0 0 7
M PHOTOSTAKEN PDO UNDER PRIVATE REPORTING AGENCY NOIC * REPORTING AGENCY NAME *		NUMBER OF UNIT IN ERROR
OH2 OH-1P STATE REPORTABLE OUGARAMOUNT O 18 3 1 6 Clearcreek Twp. I	Police Department	t [0 12] UNITS 0 1 99 - ANIMAL 99 - UNIKHOWN
COUNTY* CITY, VILLAGE, TOWNSHIP*		CRASH DATE TIME OF CRASH DAY OF WEEK
[8]3] □ VILLAGE TOWNSHIP Clearcreek		$\left \begin{bmatrix} 0 & 3 & 0 & 2 & 2 & 0 & 1 & 8 \\ 0 & 1 & 1 & 0 & 2 & 1 & 1 & 8 \\ \end{bmatrix} \right \left \begin{bmatrix} 0 & 7 & 2 & 7 \\ 1 & 1 & 1 & 1 \\ \end{bmatrix} \right $
DEGREES / MINUTES / SECONDS LATITUDE LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
		4 6 7 2 2
	PES OR MILEPOST 2	HE-HEIGHTS MP-MALEPOST PL-PLACE ST-STREET WA-WAY
U OMDED IN NORTHBOUND E-EASTSOURD S-SOUTHBOUND W-WESTBOUND D 2 N-AVENTBOUND B-BOUL B-BOUL	UE CT+COURT	HW HIGHWAY PX PARKWAY RD ROAD TE TERRACE LA LAINE PI PIKE SQ SOLVARE TL TRAL
LOCATION ROUTE NUMBER LOC PREFIX LOCATION ROAD HAME		LOCATION ROUTE TYPES 1 IN . INTERSTATE ROUTE (INC., TURNIPIKE) OR - MIMBERED COUNTY ROUTE
ROUTE TYPE I Bunnell Hill		ROAD TYPE 2 US-US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
DISTANCE FROM REFERENCE REFEREN	REFERENCE NAME (ROAD, A	REFERENCE
FEET N.S. FOUNE 7 3 N.S. E.W		ROAD 1YPE 2
REFERENCE POINT USED	RAILWAY GRADE CROSSING	LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 5-ON GORE
	SHARED-USE FATHS OR TRAILS UNKNOWN	RELATEO 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON SOADSIDE
05 - TRAFFIC CIRCLE/ROUNDABOUT 10 - DRIVEWAY/ALLEY ACCESS		1-011/0/000
ROAD CONTOUR ROAD CONDITIONS 01 - DR 1 - STRAIGHT LEVEL 4 - CURVE GRADE PRIMARY SECONDARY 02 - WE		
23 - STRAIGHT GRADE 9 - UNKNOWN 03 - SN 04 - HCE		99 - UNKNOWN * SECONDARY CONDITION ON
MANNER OF CRASH COLUSION/MPACT 1 - NOT COLUSION BETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE	WEATHER 1 - CLEAR	4 - RAIN 7 - SEVERE CROSSWINDS
TWO MOTOR VEHICLES 3 - HEAD-ON 6 - ANGLE DIRECTION WITHMISPORT 4 - REAR-TO REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN	2 - CLOUDY	
ROAD SURFACE LIGHT CONDITIONS	<u> </u>	SCHOOL BUS RELATED
2 1- CONCRETE 4- SLAG, GRAVEL 1 PRIMARY SECONDARY 1- DAYLIGHT 2- BLACKTOP, BITUMINOUS, STONE 1 PRIMARY SECONDARY 1- DAYLIGHT 2- DAWN	6 - DARK - UN	DADWAY NOT LIGHTED 9 - UNKNOWN SCHOOL UT YES, SCHOOL BUS ZONE DIRECTLY INVOLVED
ASPHALT 5 - DIRT 3 - DUSK 3 - BRICK/BLOCK 6 - OTHER 4 - DARK - LIGH	7 - GLARE* TED ROADWAY 8 - OTHER	* SECONDARY CONDITION ONLY RELATED YES, SCHOOL BUS RIDIRECTLY INVOLVED
WORKERS PRESENT TYPE OF WORK ZONE 1-LAWE CLOSURE 4-INTERMITT	ENT OR MOVING WORK	LOCATION OF GRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SKIN 4 - ACTIVITY AREA
ZONE (CFICENCHICLE) ZONE (CFICENCHICLE) LAW ENFORCEMENT PRESENT 1- LAW ENFORCEMENT PRESENT 2- LAW ESTATION CONSUMER 5- OTHER 3 - WORK ON SHOULDER OR MEDIAN		2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 3 - TRANSITION AREA
(VEISCLE OVA.Y)		
Unit # 2 was stopped on Bunnell Hill at the traffic signal when the	Diagram N	Bunnell Hill Rd
light had just turned green. Driver of Unit # 1 stated that she was	├	- -
traveling east bound on St Rt 73 and was having a difficult time seeing the traffic signal due to the sunlight. She stated she put on her	Not To Scale	_ -
sunglasses and noticed the light was red causing her to swerve her		□- <i> </i>
vehicle right, onto Bunnell Hill, and strike Unit # 2.	-	
		-
		Î Î
	→ W St Rt 73	E St Rt 73
	 	
REPORT TAKEN BY SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SERT TO ODPS) AN EXISTING REPORT SERT TO ODPS)		Bunnell Hill Rd
DATE CRASH REPORTED YIME CRASH REPORTED DISPATCH TIME AR		TIME CLEARED OTHER INVESTIGATION TIME TOTAL MINUTES
) ₁ 7 ₁ 2 ₁ 7 ₁	[0]9]0]0] $[3]0]$ $[0]1]2]3$
1	L 2 6	GAG200 Page 1 of 4

OHIO DEPARTMENT OF PUBLIC SAFETY	Unit					LOCAL REPORT NU		0,0,1,0,0,7,
ואמן	R NAME: CAST, FIRST, I deev, Marina	MODLE (X SAME AS DRIVER))	OWNER PHONE NUM	BER - INC. AREA CODE	(X SAME AS DRIVER)	1	AAGED AREA FRONT
OWNER ADDRESS: CITY. 5245 Secretari	STATE, ZIP (X SAME A			l .			1 - NONE 09	03
LP STATE LICENSE PI	LATE NUMBER 90767	69	VEHICLE IDENTIFICATION NUMBER	A _լ J 5 H M	2 6 5 9 8	3 3 # OCCUPANTS	2 - MINOR 08 3 - FUNCTIONAL	10, 1
2 0 1 7	VEHICLÉ MAKÉ RANCE COMPANY	VOLK	VEHICLE MODEL POLICY NUMBER	Jetta	VEHICLE C	BLK	4 - Disabling 07	06 05
PROOF OF INSUINSUINSUINSUINSUINSUINSUINSUINSUINSU		Seico	4462089	9139		ndys	9 - UNKNOWN CARRIER PHONE: INC	REAR LUDE AREA CODE
US DOT HIM PLACARD ID No.	2 - 10,00 3 - MOR	IT GWWRIGCWR THAN OR EQUAL TO 10K LBS. IT TO 26,000 LBS. E THAN 26,000 LBS.	02 - BUSWAN (9-16 SI 03 - BUS (16+ SEATS 04 - VEHICLE TOWIN 05 - LOGGING 06 - INTERMODAL C	INC DRIVER) GANOTHER VEHICLE ONTAINER CHASSIS	10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIX 14 -AUTO TRANSPO	2 - TWO-WA 3 - TWO-WA 4 - TWO-WA 5 - ONE-WA	Y, NOT DIVIDED Y, NOT DIVIDED, CONTINUO	PAINTED OR GRASS>4 FT.) MEDIAN
02 - INTEF 03 - INTEF 04 - MIDDS 05 - TRAM 08 - BICY 07 - SHOL 08 - SICE 09 - MEDI 10 - ORIV 11 - SHAK 12 - NON-	RELEAS IN PRIOR TO IMPACT RESECTION - MARKED CRC RESECTION - NO CROSSW/ RESECTION - OTHER LOCK - MARKED CRCSS FEL LANE - OTHER LOCAT CLE LANE JILDET/ROADSIDE	SSWALK TYPE OF USE 1. PERSONAL	99 - UNKNOWN 03 - MID SIZ 05 - MINIVAN 06 - SPORT 07 - PICKUF 08 - VAN 10 - MOTOR 10 - MOTOR 11 - SNOWN 11 - SNOWN	RAVEL HIGHS (LESS THAN 9 PASSEN MPACT OT E E I UTILITY VEHICLE OYCLE ZED BICYCLE	13,- SINGLE 14 - SINGLE 15 - SINGLE 16 - TRUCKT 17 - TRACTO 18 - TRACTO 19 - TRACTO 20 - OTHER	WIN HITT SKIP UNI RUCKS OR COMBO UNITS > 1 UNIT TRUCK OR VAN 2 AXL. UNIT TRUCK, 3 - AXLES UNIT TRUCK/ TRAILER RACTOR (BOBTAIL) RYSEMI-TRAILER RROUBLE	OK LBS BUSAANVLIMO E, 6 TIRES 21 - BUSAAN 22 - BUS (16- NON-MOTOR 23 - ANIMAL 24 - ANIMAL 25 - BICKYOL 26 - PEDES:	(9 OR MORE INCLUDING DRIVER) (10-15 SEATS, INC DRIVER) - SEATS, INC DRIVER) IST - WITH RIDER WITH BUGGY, WAGON, SURREY EPEDACYCLIST TRANSKATER NON-MOTORIST
03 . 04 - 05 - 06 - 07 - 08 -	NONE TAXI REHTAL TRUCK (OVER 10: BUS - SCHOOL (PUBLIC OR BUS - TRAVISIT BUS - CHARTER BUS - SHUTTLE BUS - OTHER	•	18 - FARM EQUIPMENT NTENANCE 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN TY 22 - OTHER (EXPLAIN IN I	0 9		NT 10 - TOP AND WIND 11 - UNDERCARRIA R 12 - LOAD/TRAILER	3E	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-GRASH ACTIONS 0 1 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASS 05 - MAKING RIGHT TU 06 - MAKING LEFT TUI	ING 10 - PARKED IRN 11 - SLOWING OR STO	FIC LANE 14 - OTHER N	JING ACURVE IOTORIST ACTION				ON-MOTORIST ACTION
CONTRIBUTING CIRCUMS PRIMARY 0 3 SECONDARY 0 1 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE 30 YIEI 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEI 06 - UNSAFE SPEED 07 - IMPROPER TURK 08 - LEFT OF CENTER 09 - FOLLOWED TOD 10 - IMPROPER LINE IPASSING/OFF F	D 12 - IMPI 13 - STO 14 - OPE ED LIMIT 15 - SWB 16 - WR 17 - FAIL CLOSELYIACDA 19 - OPE CHANGE 20 - LOA	PROPER BACKING PROPER START FROM PARKED POSITI PPPED OR PARKED ILLEGALLY ERATING VEHICLE IN NEGLIGENT MA ERVING TO AVOID (DUE TO EXTERNAL KONG SIDETWRONG WAY LURE TO CONTROL ION OBSTRUCTION ERATING DEPECTIVE EQUIPMENT AD SHIFTINGFALLING/SPILLING HER IMPROPER ACTION	2: ON 2: WINER 2: CONDITIONS) 2: 2: 2: 2: 3:	ON-MOTORIST 2- NONE 3- IMPROPER CROSSI 4- DARTING 5- LYING AND/OR ILLEG 5- FALURE TO YIELD 7- NOT VISIBLE DARK 8- INATTENTIVE 9- FALURE TO OBEY TI 7- SIGNAL SOFFICER 0- WRONG SIDE OF THI 1- OTHER NON-MOTORI	ALLY IN ROADWAY EIGHT OF WAY CLOTHING) RAFFIC SIGNS E ROAD	02 - H 03 - T 04 - B 05 - S 06 - Tl 07 - W 08 - Tr 09 - M 10 - Dl	URN SIGNALS EAD LAMPS AIL LAMPS RAKES TEFRING HE BLOWOUT ORN OR SLICK TIRES VALER EQUIPMENT DEFECTIVE OTOR TROUBLE SABLED FROM PRIOR ACCIDENT THER DEFECTS
SEQUENCE OF EVENTS 1 2 0 2 FIRST HARRIFUL EVENT	MOST HARMFUL 1	4 5 5 99 - UNKNO	NON-COLLISION E 6 01 - OVERTURNI 02 - FIREFEXPIL 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQL COLLISION WITH 8	ROLLOVER ISION I IPMENT LOSS OR SHIFT	06 - EQUIPMENT FA (RLOWN TIRE, BR 07 - SEPARATION O 08 - RAN OFF ROAL 09 - RAN OFF ROAL	AKE FAILURE, ETC) 11 - C F UNITS C DRIGHT 12 - C	ROSS MEDIAN ROSS CENTER LINE ROSS CENTER LINE ROSS CENTER LINE ROPOSTIE DIRECTION OF TO ROWNHILL RUNAWAY THER NON-COLLISION	RAVEL
COLLISION WITH PERS 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE	3	NOTFIXED 21 - PARKED MOTOR VEHICL 22 - WORK ZONE MAINTENAU 23 - STRUCK BY FALLING, SH OR ANYTHING SET IN MO MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	25 - IMPACT ATTI 28 - BRIDGE OVE NOE EQUIPMENT 27 - BRIDGE PIE IIFTING CARGO 28 - BRIDGE PAR OTION BY A 29 - BRIDGE PAR 30 - GUARDRAIL	ENDATORICRASH CUSHIO RHEAD STRUCTURE R OR ABUTMENT APET - FACE , END	N 33 - MEDIAN CABL 34 - MEDIAN GUA 35 - MEDIAN GON 36 - MEDIAN OTH 37 - TRAFFIC SIG 38 - OVERHEAD 3 30 - LIGHTALMIN 40 - UYILITY POL	RDRAIL BARRIER CRETE BARRIER 42 ER BARRIER 43 N POST 44 GIGN POST 45 IARRIES SUPPORT 46	OR SUPPORT - CULVERT - CURB	48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
UNIT SPEED 5 0	POSTED SPEED	TRAFFIC CONTROL 01 - NO CONTRO 02 - STOP SIGN 03 - YIELD SIG 04 - TRAFFIC SIGN 05 - TRAFFIC SIGN 06 - SCHOOL ZC	N 08 - RAILROAD FLASH SN 09 - RAILROAD GATES IGNAL 10 - CONSTRUCTION I ASHERS 11 - PERSON (FLAGGEF	ERS 14 - WA 15 - OTI BARRICADE 16 - NO C, OFFICER)	DSSWALK LINES LK/DON'T WALK HER T REPORTED	UNIT DIRECTION TO	3 2-SOUTH 6	- NORTHEAST 9 - UNKNOWN - NORTHWEST - SOUTHEAST - SOUTHWEST

OHIO OPARTIZATI OF PUBLIC SAFETY	<u>Unit</u>							LOCAL RETX			2 ₁ 0 ₁ 0 ₁ 1 ₁ 0 ₁ 0 ₁ 7	7,
UNIT NUMBER OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Bolds, Nehemiah					OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)				DAMAGE SCALE	DAMAGED AREA FRONT		
OWNER ADDRESS: CITY, 3206 Gambit S										1 - NONE	07 02	ر ₀₃ [
LP STATE LICENSE PL	ATE NUMBER GVS4	229	ı	E IDENTIFICATION NUMBER FAHHP 0 J	A 4CR	3 3	4 5 8	# OCCUP	PANTS	2 - MINOR 3 - FUNCTIONAL	08 10;	04
2 0 1 2	VEHICLE MAKE	FORD	l		sion		VEHICLE CO	GRY		4 - DISABLING	07 06	7 ₀₅
PROOF OF INSUF INSURANCE SHOWN CARRIER NAME, ADDRESS, 0		Geico Geico	Pol	1GY NUMBER 45043777	65	TOWED BY	Sai	ndys		9 - UNKNOWN CARRIER PHONE	REAR INCLUDE AREA CODE	_
US DOT	VEHICLE WEIGH	I GOVERNOGCIVE	CARGO B	BODY TYPE 01 - NO CARGO BODY T	YPENOT APPLICABLE	: 09 - POL		TRAFFICWAY	DESCR	PTION		
HM PLACARD ID No.	2 - 10,00 3 - MOR	THAN OR EQUAL TO 10K LBS. DETO 26,000 LBS. E THAN 26,000 LBS. DOUG MATERIAL		02 - BUSA/AN (9-15 SEAT 03 - BUS (16+ SEATS, IN 04 - VEHICLE TOWING A 05 - LOGGING 06 - INTERMODAL CON	S, INC DRIVER) C DRIVER) INOTHER VEHICLE	10 - CAR 11 - FLA 12 - DUA 13 - CON	go tank T bed	ER 1 2-1 3-17 4-17	WO-WAY, WO-WAY, WO-WAY,		NUOUS LEFT TURN LANE TED (PAINTED OR GRASS>4 FT.) MED IEDIAN BARRIER	MAIC
HM CLASS NUMBER NON-MOTORIST LOCATION	RELEAS	B)	UNIT T	07 - CARGO VAN/ENCLO 08 - GRAIN, CHIPS, GRA			BAGE/REFU ER/UNKNOV	1 🖂	IP UNIT			
01 - INTER 02 - INTER 03 - INTER 04 - MIOBI 05 - TRAM 06 - BICY 07 - SHOU 08 - SIDE 09 - MEDI 10 - DRIVE 11 - SHARE 12 - NON-	SECTION - MARKED CRO SECTION - NO CROSSWA SECTION - OTHER OCK - MARKED CROSSV IL LANE - OTHER LOCAT CLE LANE LDERROADSIDE	VALK 1 PERSONAL	99 . U	PASSENGER VEHICL 01 - SUB-COMPACT INIKNOWN 02 - COMPACT 03 - MID SIZE 05 - MINIVAN 06 - SPORT UTI 07 - PICKUP 08 - VAN 09 - MOTORCYC 10 - MOTORZEI 11 - SNOWMOE	D BICYCLE	15 14 16 16 17 18	3 - SINGLE U 4 - SINGLE U 5 - SINGLE U 5 - TRUCK/TH 7 - TRACTON 3 - TRACTON 9 - TRACTON 1 - OTHER N		2 AXLE, LES ER	6 TIRES 21 - 8Us 22 - 8Us NON-MO 23 - AN 24 - AN 25 - 8IC 26 - PEI	LIMO (9 OR MORE INCLUDING DRIVER) (16 - SEATS, INC DRIVER) (16 - SEATS, INC DRIVER) TORIST INAL WITH RIDER MAL WITH BUGGY, WAGON, SURR YCLEFEDACYCLIST DESTRIANSKATER HER NON-MOTORIST	
04 - B 05 - E 06 - E 07 - E 08 - E			r MENT	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NAR	0 8	03 · R REA 04 - R 05 · R 06 · R	ONE ENTER FRO IGHY FRON' IGHT SIDE IGHT REAR EAR CENTE EFT REAR	10 - TOP AND 11 - UNDERC 12 - LOAD/TE	ONT WINDOV ARRIAGE VAILER	Ī	ACTION 1 - NON-CONTACT 2 - NON-COLLISIC 3 - STRIKING 4 - STRIUCK 5 - STRIKING/STR 9 - UNKNOWN	ION
	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASS 05 - MAKING RIGHT TU 06 - MAKING LEFT TUF	IRN 11 - SLOWING OR STO	FIC LANE C (.ANE			16 - WALKI 17 - WORI 18 - PUSH	ING OR CRO ING, RUNNIN (ING ING VEHICL)ACHING OR	ISSING SPECIFIED LO IG, JOGGING, PLAYI LE R LEAVING VEHICLE			R NON-MOTORIST ACTION	
CONTRIBUTING CIRCUMST PRIMARY 0 1 SECONDARY 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIEL 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEE 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO 10 - IMPROPER LANE //PASSING/OFF R	13 - STOR 14 - OPEI 5D LIMIT 15 - SWEI 16 - WRC 17 - FAIL 18 - VISIO CLOSELY/ACDA 19 - OPEI CHANGE 20 - LOAI	OPER STA PEO OR F RATING VO RVING TO ING SIDE. IRE TO CO PH OBSTR RATING DE O SHIFTIN	ART FROM PARKED POSITION PARKED ILLEGALLY EHICLE IN NEGLIGENT MANNI AVOID (DUE TO EXTERNAL COMMON WAY ONTROL	22 23 24 25 26 27 27 27 28 28 28	6 - FAILURE 1 7 - NOT VISIB 9 - INATTENT 9 - FAILURE T	R CROSSIN OFFICER OFFICER OFFICER	LLY IN ROADWAY GHT OF WAY LOTHING) AFFIC SIGNS ROAD		07 07 06 06 07 06 07 06 07	S - TURN SIGNALS - HEAD LAMPS - TAIL LAMPS - BRAKES - STEERING - TIRE BLOWOUT - WORN OR SLICK TIRES - TRAILER EQUIPMENT DEFECTIV - MOTOR TROUBLE - DISABLED FROM PRIOR ACCIDE - OTHER DEFECTS	
SEQUENCE OF EVENTS 1 2 0 2 FIRST HARMFUL 1	MOST 1	4 5 5 UNKNOY	6 <u> </u>	NON-COLLISION EVEN 01 - OVERTURNACUL 02 - FIREÆXPLOSIO 03 - IMMERSION 04 - JACKKNIFE 05 - CARGOÆQUIPM	LOVER	(BLO) 07 - SEPA 08 - RAN	PMENT FAIL MITTIRE, BRAN RATION OF OFF ROAD OFF ROAD	EFAILURE, ETC) UNITS RIGHT	11 - GRO OPF 12 - DOV	OSS MEDIAN OSS CENTER LINE FOSITE DIRECTION O WINHILL RUNAWAY HER NON-COLLISION		
	IN VEHICLE OR OBJECT I	EDIESED, 21 - PARKED MOTOR VEHICLI 22 - WORK ZONE MAINTENAN 23 - STRUCK BY PALING, SHIF OR ANYTHING SET IN MOT MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	CE EQUIP	26 - BRIDGE OVERHE PMENT 27 - BRIDGE PIER OF RGO 28 - BRIDGE PARAPE	ATORYCRASH CUSHIOI EAD STRUCTURE RABUTMENT ET CE	34 - ME 35 - ME 36 - ME 37 - TRJ 38 - OV 39 - LIG	DIAN CONC DIAN OTHE AFFIC SIGN ERHEAD SI	DRAIL BARRIER RETE BARRIER R BARRIER POST GN POST RIES SUPPORT	42 - C 43 - C 44 - E 45 - E	OTHER POST, POLE OR SUPPORT CULVERT CURB DITCH EMBANKMENT FENCE MAILBOX	48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENA EQUIPMENT 51 - WALL, BUILDING, TUNN 52 - OTHER FIXED OBJECT	
UNIT SPEED STATED ESTIMATED	POSTED SPEED	TRAFFIC CONTROL 01 - NO CONTROL 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGN 05 - TRAFFIC FLA 06 - SCHOOL ZON	NAL SHERS	07 - RAILROAD CROSSBUC 08 - RAILROAD FLASHERS 09 - RAILROAD GATÉS 10 - CONSTRUCTION BARI 11 - PERSON (FLAGGER, OF 12 - PAVEMENT MARKINGS	5 14 - WAL 15 - OTH RICADE 16 - NOT FFICER)	SSWALK LIN LK/DON'T WA IER FREPORTEE	ILK .	FROM 2	10 /	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 9 - UNKNO 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	NWC

UNIT NUMBER OFFENSE CHANGED (LOCAL CODE) UNIT NUMBER NAME: LAST, FIRST, MIDDLE GORDON WASHING ADDRESS, CITY, STATE, ZIP S245 Secretariat DR, Morrow, Ohio 45152 MEDIC22 MEDIC22 MEDIC22 MEDIC32 MEDIC4. FACILITY INJURED TAKEN TO WORKSON TO WORKSON THE MEMORY MEDIC4. FACILITY INJURED TAKEN TO WORKSON THE MEMORY MEDIC5. The MACCONDURING SUSPECTED ALCOHOL TEST STATUS ALCOHOL TEST STATUS ALCOHOL TEST TYPE ALCOHOL TEST OFFENSE CHANGED (LOCAL CODE) UNIT NUMBER NAME: LAST, FIRST, MIDDLE DATE OF BIRTH 1	JOS AREA CODE (513)306-5304 TION ARE BAG USAGE EJECTION TRAPPED AULUE DRUG TEST STATUS DRUG TEST TYPE 1
ADDRESS, CITY, STATE, ZIP 5245 Secretariat DR, Morrow, Ohio 45152	JOS AREA CODE (513)306-5304 TION ARE BAG USAGE EJECTION TRAPPED AULUE DRUG TEST STATUS DRUG TEST TYPE 1
MADIRES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SCATING POS MEDICAL FACILITY INJUR	TION AIR BAG USAGE EJECTION TRAPPED 1
OLSTATE OPERATOR LICENSE NUMBER	DRUG TEST STATUS DRUG TEST TYPE DRIVER DISTRACTED BY DRUG TEST STATUS DRUG TEST TYPE 1 DRUG TEST STATUS DRUG TEST TYPE 1 DRUG TEST TYPE 1
OFFENSE CHARGED (LOCAL CODE)	DRIVER DISTRACTED BY O AGE 47 F F-FEMALE O AGE 47 F F-FEMALE O AGE 47 F F-FEMALE M - MALE O BRIGHEST STATUS O BRUGHEST TYPE O BRIGHEST STATUS O BRUGHEST TYPE O BRUGHEST TYPE O BRUGHEST STATUS O BRUGHEST TYPE O BRUGHS
4511.12A Fail to Obey Traffic Control Device LLP016296 UNIT NUMBER NAME: LAST, FIRST, MIDDLE UNIT NUMBER Renfroe, Nekesha L ADDRESS, CITY, STATE, ZIP 8897 Foxglove WAY, Miamisburg, Ohio 45342 INJURED TAKEN BY EMS AGENCY MEDIC23 MEDIC23 MEDIC23 Kettering Franklin ALCOHOLING SUSPECTED OFFENSE CHARGED (O AGE 47 F-FEMALE M-MALE O AGE 47 F F-FEMALE M-MALE ODE AREA GODE (937)701-5002 ION AR BAG USAGE EJECTION TRAPPED 1 1 1 DRUG TEST STATUS DRUG TEST TYPE 1 1 1 1 INDS-FREE DRIVER DISTRACTED BY MOSE 10
Renfroe, Nekesha L 1	10 47 F F-FEMALE M-MALE 100 AREA CODE (937)701-5002 110N AIR BAG USAGE EJECTION TRAPPED 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ADDRESS, CITY, STATE, ZIP 8897 FOXGIOVE WAY, Miamisburg, Ohio 45342 INJURED TAKEN BY EMS AGENCY MEDIC 23 MEDIC 23 Kettering Franklin OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED (LOCAL CODE) OFFENSE DESCRIPTION CONNACT PHONE- INCL. CONNACT PHONE- INCL. CONNACT PHONE- INCL. SAFETY EQUIPMENT USED DOT COMPLIANT SEATING POST MEDIC 23 Kettering Franklin OL CLASS NO MAC CONDITION ALCOHOLORIUS SUSPECTED ALCOHOL TEST STATUS ALCOHOL TEST TYPE ALCOHOL TEST OFFENSE CHARGED (LOCAL CODE) OFFENSE DESCRIPTION CITATION NUMBER	IDE AREA CODE (937)701-5002 ION AIR BAG USAGE EJECTION TRAPPED IDENTIFY THE TRAPPED TRAPPED TO T
3 2 MEDIC23 Kettering Franklin 0 4 MOTORRYCHE 0 1 MOTORRYCHE 0 MOT	ALUE DRUG TEST STATUS DRUG TEST TYPE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OL STATE OPERATOR LICENSE NUMBER OL CLASS NO OL CONDITION ALCOHOLORIG SUSPECTED ALCOHOL TEST STATUS ALCOHOL TEST TYPE ALCOHOL	ARUE DRUG TEST STATUS DRUG TEST TYPE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OFFENSE CHARGED (NDS-FREE DRIVER DISTRACTED BY VICE
INJURIES INJURED TAXEN BY SAFETY EQUIPMENT USED 99 - LINKNOWN SAFETY EQUIPMENT.	
1 - NO RIURY / NORE REPORTED 1 - NOT TRANSPORTED / MOTORIST NON-MOTORIST 2 - POSSIBLE TREATED AT SCENE 01 - NONE USED - VEHICLE OCCUPANT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 09 - NONE USED 3 - NON-HIGGAPACITATING 2 - EMS 02 - SHOULDER BELT ONLY USED 06 - CHILD RESTRAINT SYSTEM - REAR FACING 10 - HELMET USED	
A - INCAPACITATING 3 - POLICE 03 - LAP BELT ONLY USED 07 - BOOSTER SEAT 11 - PROTECTIVE 5 - FAMIL 4 - OTHER 94 - SHOULDER AND LAP BELT USED 06 - HELMET USED (EBOWS, KIRE 9 - UNKNOWN)	
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 07 - THIRD - LEFT SIDE (MOTORCYCLE DRIVER) 08 - THIRD MIDDLE 13 - TRAILING UNIT	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT
03 - FRONT - RIGHT SIDE 09 - THERO - RIGHT SIDE H - RIDING ON VEHICLE EXTERIOR (NON-TRALING UNIT) 04 - SECOND - LIETT SIDE (NOTORCYCLE PASSENCER) 10 - SLEEPER SECTION OF CAB (TRILICK) IS - NON-MOTORST 16 - SECOND - MIDDLE 11 - PASSENCER IN OTHER ENCLOSED CARGO AREA 16 - OTHER 06 - SECOND - RIGHT SIDE (NON-TRALING UNIT SUCHASA BUS, PICK UP WITH CAP) 99 - UNKNOWN	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
EJECTION TRAPPED OPERATOR LICENSE CLASS CONDITION 1 - NOT EJECTED 1 - NOT TRAPPED 1 - CLASS A 1 - APPARENTLY NORMAL 5 - FELL ASLEEP: FAINTED, FATIGUED 2 - TOTALLY EJECTED 2 - EXTRICATED BY 2 - CLASS B 2 - PHYSICAL IMPAIRMENT 6 - UNDER THE INFLUENCE OF	ALCOHOLIDRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED
3 : PARTIALLY EJECTED 4 : NOT APPLICABLE 3 : EXTRICATED BY NON-MEGIANICAL MEANS 3 : CLASS C 3 : EMOTIONAL (DEPTRESSED, ANGRY, DISTURBED) MEDICATIONS, DRUGS, ALCOHOL 4 : ILLNESS 7 - OTHER 5 : MCAMOPED ONLY	3 - YES - HIBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
ALCOHOL TEST STATUS ALCOHOL TEST TYPE DRUG TEST STATUS DRUG TEST TYPE DRIVER DISTRACTED BY 1 - NONE 1 - NONE 1 - NONE 1 - NONE 1 - NO DISTRACTION REPORTED 2 - TEST REFUSED 2 - BLOOD 2 - FROME 2 - BLOOD 2 - PROME	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
3 - TEST GIVEN, CONTAMINATED SAMPLEAUNUSABLE 3 - TEST GIVEN, CONTAMINATED SAMPLEAUNUSABLE 3 - TEST GIVEN, RESULTS KNOWN 4 - BREATH 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN 5 - OTHER 5 -	
UNIT NUMBER NAME: LAST, FIRST, MIDDLE O 2 Quarmiley, Christopher Tre'shawn O 1 0 1 0 1 1 1 1 9 9	31 24 M F-FEMALE
ADDRESS, CITY, STATE, ZIP CONTACT PHONE- INCL. 8897 Foxglove WAY, Miamisburg, Ohio 45342	DE AREA CODE
INJURIES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT SEATING POS	
2 2 Medic 23 Kettering Franklin 0 4 Limotorcycle 0 3 UNIT NUMBER NAME: LAST, FIRST, MIDDLE DATE OF BIRTH	AGE GENDER
ADDRESS, CITY, STATE, ZIP CONTACT PHONE-RICL	F - FEMALE M - MALE
OCCUPAN	
INJURIES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT MOTORCYCLE MELINET SEATING POS	11007 AIR BAG USAGE EJECTION TRAPPED :