OHIO DEPARTMENT OF PUBLIC SAFETY	TRAFFIC C	RASH	REPORT *DENOTE	ES MANDATORY FI	ELD FOR SUPPLEM	ENT REPORT	Li	OCAL REPOR	T NUMBER	*	
X PHOTOS TAKEN	L, P, 1, 9, 0, 8, 0, 5, 0, 0, 3, 8, 8, 3,										
SECONDARY CR	OH-1P	REPORTING AGENCY NAME	*		NCIC*	HIT/SKIP	UNIT IN ERROR				
PRIVATE PROPERTY CLEARCREEK TWP PD					0	8 3 1 6	1 - SOLVED	_0,2	0	98 - ANIMAL 1 99 - UNKNOWN	
COUNTY* LOCALI	CRASH DATE / TIME *					SH SEVERITY - FATAL					
The state of the s	2 - LOMM2HIL	EARCRI					0,8,0,5,2,0,1,9		. 5	- SERIOUS INJURY	
ROUTE TYPE ROUT		2 - SOUTH 3 - EAST	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DEC		3.	SUSPECTED - MINOR INJURY	
S R 4.8	<u> </u>	4 - WEST				ROAD TYPE	3,9,5,4,5	SUSPECTED			
7		2 - SOUTH 3 - EAST	REFERENCE ROAD NAME (R	LONGITUDE DECIMAL DEGREES 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE							
their .	<u> </u>	4 - WEST			ROAD TYPE		-8 4 1 6 6	0 1 3		ONLY	
REFERENCE POINT 1 - INTERSECT	SANU RESERVACE	RTH IR -	ROUTE TYPE INTERSTATE ROUTE(TP)	INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH							
1 2- MILE POST 3- HOUSE #	2 - SOU 3 - EAS	JTH US-	FEDERAL US ROUTE	AV - AVENUE		Q - SQUARE				8	
DISTANCE	4 - WE DISTANCE		STATE ROUTE	CR - CIRCLE		T - STREET E - TERRACE	WITHIN INTER	CHANGE ARE	A NUM	BER OF APPROACHES	
FROM REFERENCE	UNIT OF WEASU 1 - MIL	RE	NUMBERED COUNTY ROUTE NUMBERED TOWNSHIP	CT - COURT DR - DRIVE		L - TRAIL		ROAD	WAY		
	2 - FEE		ROUTE	HE - HEIGHTS	PL - PLACE	/A - WAY	ROADWAY DIVI	DED			
1	TION OF FIRST HARN	IFUL EVENT	T T		COLLISION/IMPA	СТ	DIRECTION OF TRAVEL		MEDIA	N TYPE	
1 - ON ROAD 2 - ON SHOU		CROSSOVER DRIVEWAY/	ALLEVACCESS	NOT COLLISION 4 BETWEEN 5	- REAR-TO-REAR - BACKING		1 - NORTH	1 -	DIVIDED F	LUSH MEDIAN	
0 1 3- IN MEDI 4- ON ROAD			RADE CROSSING 2	VEHICLES IN 6	- ANGLE		2 - SOUTH 3 - EAST		- DIVIDED FLUSH MEDIAN		
5 - ON GORE	E	SHARED US TRAILS			- SIDESWIPE, SAME - SIDESWIPE, OPPOS		4 - WEST	3 -	(≥4 FEET DIVIDED, D	DEPRESSED MEDIAN	
6 - OUTSIDE 7 - ON RAMI	C TRAIT TO WAT	BIKE LANE TOLL BOOTH		HEAD-ON 9	- OTHER / UNKNOW	VN.		4 -	DIVIDED, R (ANY TYPE	RAISED MEDIAN E)	
8 - OFF RAN	MP 99-	OTHER / UNI	KNOWN					9 -	OTHER/UN	KNOWN	
WORK ZONE RE	ELATED	7. 1	WORK ZONE TYPE		N OF CRASH IN WO		CONTOUR	CONDIT	IONS	SURFACE	
WORKERS PRES	SENT		LANE CLOSURE LANE SHIFT/CROSSOVER		BEFORE THE 1ST V WARNING SIGN		_1_	1		_ 2	
LAW ENFORCEM	MENT PRESENT		NORK ON SHOULDER OR MEDIAN		ADVANCE WARNING TRANSITION AREA			1 - DRY		1 - CONCRETE	
ACTIVE SCHOOL	L ZONE		NTERMITTENT OR MOVING W		ACTIVITY AREA TERMINATION ARE			2 - WET 3 - SNOW		2 - BLACKTOP, BITUMINOUS, ASPHALT	
		J-0			TERMINATION ARE	. А	4 - CURVE GRADE	4 - ICE		3 - BRICK/BLOCK	
1 - DAYLIGH	IT CONDITION T		1 - CLEAR	ATHER 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUI OIL, GRAVE		4 - SLAG, GRAVEL, STONE	
1 2-DAWN/DU	ISK IGHTED ROADWAY		0 1 2-CLOUDY		CROSSWINDS	anoul		6 - WATER (ST MOVING)	ANDING,	5 - DIRT	
4 - DARK - R	OADWAY NOT LIGHT		4 - RAIN		S SAND, SOIL, DIRT, G RAIN OR FREEZII			7 - SLUSH		9 - OTHER/UNKNOWN	
5 - DARK - UI 9 - OTHER / U	NKNOWN ROADWAY JNKNOWN	LIGHTING	5 - SLEET, HAIL	99 - OTHER /	UNKNOWN			9 - OTHER/UNI	KNOWN		
NARRATIVE					77.	7	l _o		1	Indicate the north	
LINITS ON	IE AND T	MO M	VERE TRAVE	LINC					(A)	direction with an "N" on the	
				LING		N SR 48		4	\ \\	compass diagram.	
			THE UNITS						1		
ARRIVED	IN THE M	11DDL	E OF THE		-			2		-	
INTERSEC	CTION W	ITH E	SR 73, UNIT	ONE	+ 1		\triangle				
FAILED TO	ATRIAM C	AIN AI	N ASSURED	CLEAR					-		
DISTANCE	F AHFAD	AND	STRUCK THI	F REAR			∇			€	
END OF U				_		- n		Н		4	
LIND OF 0	NIII IVVC	·						↑			
					E SR 73	1			/ *	DIAGRAM	
							1			NOT TO SCALE	
							47			SUME	
CRASH REPORTE	D DATE/TIME	D	ISPATCH DATE / TIME	ARR	IVAL DATE/TIME		SCENE CLEARED DA	TE/TIME	RE	EPORT TAKEN BY	
0 8 0 5 2 0 1	9 1,1,2,6	0,8,0,5	5 2 0 1 9 1 1 2	6,0,8,0,5,2	2,0,1,9,,1	1,3,0,0	8,0,5,2,0,1,9	1,2,1		POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED IN	OTHER	TOTAL MINUTE	OFFICER'S NAME*				ER'S NAME*			MOTORIST	
020020		MITMOLE	DANIEL C MOR	GAN BADGE NUMBER*			IC NEY	IMDED*	_ _	SUPPLEMENT (CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO COPS)	
1 1	0 3 0	0 8		2 3	p n	3	OFFICER'S BAUGE NO	MIDEK		0 Lord - 10 42 PURP - 61 11 10 03 PS)	

OH OF	DEPARTMENT LINIT							0041.00	PROT NUMBER			
	Puntic SAFETY UNIT				EPORT NUMBER 0							
UNIT#	OWNER NAME: LAST, F	IRST, MIDDLE (SAME AS DRIVE)	DWN	ER PHONE: INC	LUDE AREA CODE (SAME AS DRIVER							
0,1				9	3 7 2	3 8 1 5 0 2	DAMAGE DAMAGE SCALE					
OWNER	ADDRESS: STREET, CITY, STA	TE, ZIP (SAME AS DRIVER)					1 - NONE		3 - FUNCTIONAL DAMAGE			
COMME	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP											
COMME	TUTAL CARRIER: NAME, AD	DDRESS, CITY, STATE, ZIP		Car	MMERCIAL CARRIER	PHONE: INCLUDE AREA CODE			NKNOWN			
LP STATE	LICENSE PLATE #	VEHIC	LE IDENTIFICATION #		VEHICLE YE	AR VEHICLE MAKE	IN IN		GED AREA(S) All that apply			
	HLH8707		B, B, 7, A, F, 4, 4, 2	1, 1, 2,	2,0,1,		12		12			
INSUR VERIF	ANCE INSURANCE CON		INSURANCE POLICY #		COLOR	VEHICLE MODEL	0					
VERIF		ITAN PROP	2695417340		BLACK	C300	10 , , , , ,	2	10 11 12			
СОММ	TYPE OF USE ERCIAL GOVERNMENT	IN EMERGENCY	US DOT #	AAA	D BY: COMPAN	YNAME		٦.	- 6 -			
- 11924		RESPONSE	L I I I I I I I I I I I I I I I I I I I		HAZARDO	OUS MATERIAL			'_ O _			
DEVI	RLOCK Ce hit/skip un	(IT	1 - ≤10K LBS. 2 - 10,001 - 26K LB		MATERIAL RELEASED	CLASS # PLACARD ID #	8 / 1	/4	*\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Edni		0,2	3 - >26K LBS.	, 🔲	PLACARD		7 5	722	12 1			
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART		VERY VEHICLE)	23 - PEDESTRIAN / SKATER	1	XI.	0			
0,1	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE 3-WHEELED	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	20 - OTHER VI	PASSENGERS) EHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10		8 1 3			
UNIT TYPI	E 4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY E		26 - BICYCLE	9	9	3			
	5 - CARGO VAN	BICYCLE	16-FARW EQUIPMENT		WITH RIDER OR	27 - TRAIN		- 4	n			
1	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE 17 - MOTORHOME (ATV / UTV)		ANIMAL-	DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP						
	# OF TRAILING UNIT:	S					12	7 - 1	5 12			
1	WAS VEHICLE OPERATING IN A		Q - NO AUTOMATION	3 - CONDITIO	NAL AUTOMATION	9 - UNKNOWN						
, 2 ,	MODE WHEN CRASH OCCURRS 1-YES 2-NO 9-OTHER/UN	IMPOUNT L	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	4 - HIGH AUT 5 - FULL AUT				7,	Z 12917			
	1 TEO E NO 7 OTTEROOR	MODE LEVEL		J-TUCL AUT	UMATION		9 9	3	9 0 0			
0.4	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16-FARM		21 - MAIL CARRIER	- · · ·	7	← · · · →			
0 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	ham.	99 - OTHER / UNKNOWN	* \ ' \ ' \	(-4	* X , T , Y ,			
SPECIAL 3 - ELECTRONIC RIDE SHARII FUNCTION 4 - SCHOOL TRANSPORT				19 - TOWING	18 - SNOW REMOVAL 19 - TOWING		7 6		7 6 5			
	5 - BUS - TRANSIT/COMMUTER	10-AMBULANCE	15 - CONSTRUCTION EQUIPMENT		ERVICE PATROL			100				
0,1	1 - NO CARGO BODY TYPE			8 - POLE		12 - CONCRETE MIXER	1	12	12 12			
CARGO	/ NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING	CHASSIS 6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTA		13-AUTOTRANSPORTER	9.9	1				
BODY Type	. 555	4 - 20001110	7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED 11-DUMP		14 - GARBAGE/REFUSE	9 PAG 3	9	- 3 9 T 3 9 🗱 3			
	1 TUDN CIONALS	A DRAWER	/8			99 - OTHER / UNKNOWN		4	00			
VEHICLE	2 - HEAD LAMPS	4 - BRAKES 5 - STEERING		9 - MOTORTR 10-DISABLED		99-OTHER/UNKNOWN	6		0			
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT				6	6 6			
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIANIC	ROSSING ISLAND	12 - FIRST RESPONDER	☐ - NO DAMAG	E [0]	UNDERCARRIAGE [14]			
L	CROSSWALK	4 - MIDBLOCK - MARKED		10 - DRIVEWAY		AT INCIDENT SCENE	☐-TOP (:13 J		- ALL AREAS 15			
LOCATION	2 - INTERSECTION – UNMARKED CROSSWALK	CROSSWALK 5 -TRAVEL LANE - OTHER LOCATION		11 - SHARED U	SE PATHS OR	99-OTHER/UNKNOWN		NITTO NA				
AT IMPACT	1 NOT CONTEST			TRAILS			∐-U	NIT NO	FAT SCENE [16]			
	1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING		13 - NEGOTIAT 14 - ENTERING		18-APPROACHING OR LEAVING VEHICLE	INI	IAL PO	INT OF CONTACT			
	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		D LOCATION	19-STANDING	0 - NO DAN		14 - UNDERCARRIAGE			
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10 - PARKED	15 - WALKING,	DI AVENC	20 - OTHER NON-MOTORIST		ERTOUI Gram	NIT 15-VEHICLE NOT AT SCENE			
	5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	11 - SLOWING OR STOPPED IN TRAFFIC	JOGGING, PLAYING 21 - STANDING OUTSIDE 16 - WORKING DISABLED VEHICLE		13 - TOP		99 - UNKNOWN				
	9 - OTHER / UNKNOWN	6 - MAKING LEFT FORM		17 - PUSHING	/EHICLE	99 - OTHER / UNKNOWN		70	AFFIC			
	1 - NONE	7 - LEFT OF CENTER	13 - [MPROPER START FROM A	17 - VISION OB	STRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW					
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACD/	PARKED POSITION 14 - STOPPED OR PARKED	10 - OPERATIN	G DEFECTIVE	22 - NOT DISCERNIBLE	1 - ONE-WAY		TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
10101	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	THECALLY	MAMPIUDS SINS DAD 1- DE	IT TING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 - TW0-WAY	, 2	0. 0101141 - 1051.0.01011			
CONTRIBUTING	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID	SPILLING		99 - OTHER IMPROPER ACTION			3 - FLASHER 6 - NO CONTROL			
PINCOMSIANCES	6 - IMPROPERTURN	12 - IMPROPER BACKING	16 - WRONG WAY	20-IMPROPER	CROSSING		# OF THROUGH LANES		RAIL GRADE CROSSING			
SEQUENCE	OF EVENTS						ON ROAD		1 - NOT (NVOLVED			
2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	T DAILWAYN	Euler E	DO MODIZANO MATUTENANO	2	<u> </u>	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
1 2 0	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	16 - RAILWAY V 17 - ANIMAL —		22 - WORK ZONE MAINTENANCE EQUIPMENT			2 - HAAOCAED-LY22HAE CK023HAG			
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOW VHILL RUNAWAY	18-ANIMAL —	- CLIN	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / N	ON-MO	TORIST DIRECTION			
	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	19 - ANIMAL — 20 - MOTOR VEH		ANYTHING SET IN MOTION			1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	TRANSPOR	Ŧ	BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 2 TO	_ 1_	3 - EAST 7 - SOUTHEAST			
•		C01115101	15-PEDALCYCLE N WITH FIXED OBJECT	21 - PARKED M	OTOR VEHICLE				4 - WEST 8 - SOUTHWEST			
11 1 1	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END		- STRUG 43-curb		50 - WORK ZONE MAINTENANCE			9 - OTHER / UNKNOWN			
	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER	E BARRIER 38 - OVERHEAD SIGN POST 44 - DI			EQUIPMENT	UNIT SPEED		DETECTED SPEED			
	STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	CHIDDOT	The state of the s		51 - WALL 52 - BUILDING	0 2 0		1 - STATED / ESTIMATED SPEED			
	27 - BRIDGE PIER OR ABUTMENT	BARRIER	40 - U TILITY POLE	7-MAILBOX		53 - TUNNEL	0,2,0		2 - CALCULATED / EDR			
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	OR SUPPORT	18 - TREE		54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED		3 - UNDETERMINED			
	30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - F		19 - FIRE HYDR	ANI	*** ATTEC ! BULUIDAN							

_____1 MOST HARMFUL EVENT

☐ FIRST HARMFUL EVENT

5 5



L,P,1,9,0,8,0,5,0,0,3,8,8,3 UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (| SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER DAMAGE 0, 2, RIKE, PENNY L 9 | 3 | 7 | 8 | 2 | 5 | 8 | 3 | 6 | 3 DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 1 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 1 1 1 1 1 1 DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE# VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE O, H, FWU8655 1, F, M, Z, U, 7, 7, K, 9, 4, U, C, 2, 2, 3, 0, 2, FORD 2,0,0,4 INSURANCE INSURANCE COMPANY
VERIFIED STATE FACE INSURANCE POLICY # VEHICLE MODEL COLOR RED 7946343-E30-35 **EXPLORER** TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE 1 11 HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL RELEASED CLASS # PLACARD ID # 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. HIT/SKIP UNIT 0,2 PLACARD 1 3 - >26K LBS. II L 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 3 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 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 8fCYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE AN!MAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17.MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / LITV) # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 1 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 16 - FARM 1 - NONE 6 - 8US - CHARTER/TOUR 11-FIRE 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 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 8 - POLE 12 - CONCRETE MIXER / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13 - AUTO TRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE BODY o 7 - GRAIN/CHIPS/GRAVEL TYPE 11 - DUMP 99 - OTHER / UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER FOULPMENT 10 - DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS DEFECTIVE ACCIDENT 6 - TIRE BLOWDUT -NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED ☐ - TOP [13] - ALL AREAS | 15 | 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 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 L 16 J TRAILS AT IMPACT 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 14 - FNTERING OR CROSSING O 1 3 - CHANGING LANES 2 - BACKING 8 - ENTERING TRAFFIC LANE 4 0 - NO DAMAGE 14 - UNDERCARRIAGE → 3-STRIKING SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE 0 7 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK 15 - WALKING, RUNNING. PRE-CRASH 4 - OVERTAKING/PASSING 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING, PLAYING 99 - UNKNOWN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 16 - WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFTTURN 9 - DTHER / LINKNOWN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 12 - DRIVERLESS 1-NONE 13-IMPROPER START FROM A 7 - LEET OF CENTER 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 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED O 1 3-RAN RED LIGHT EQUIPMENT 9 - IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - TWO-WAY 5 - YIFLD SIGN 2 - SIGNAL ILLEGALLY 2 19 - LOAD SHIFTING/FALLING/ ROADWAY 4-RAN STOP SIGN 10 - IN PROPER PASSING CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 6 - IMPROPER TURN # of THROUGH LANES RAIL GRADE CROSSING 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 NON-COLLISION 2 0 1 - OVERTURN/ROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 2 - FIRE/EXPLOSION 17 - ANIMAL - FARM EQUIPMENT 7 - SEPARATION OF UNITS TRAVEL 23 - STRUCK BY FALLING, UNIT / NON-MOTORIST DIRECTION 18 - ANIMAL - DEER 1 IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION ANYTHING SET IN MOTION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14 - PEDESTRIAN TRAVSPORT FROM __2___ TO __1__ 3 - FAST 7 - SOUTHEAST LOSS OR SHIFT 24 - OTHER MOVABLE OBJECT 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 50 - WORK ZONE MAINTENANCE EQUIPMENT 37 - TRAFFIC SIGN POST 43 - CURB / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMI VARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 34 - MEDIAN GUARDRAIL BARRIER 46-FENCE 52 - BUILDING , 0 , 1 , 0 , 1 27 - BRIDGE PIER OR ABUTMENT 2 - CALCULATED / EDR 40 - UTILITY POLE 47 - MAILBOX 53 - TUNNEL 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED 29 - BRIDGE RAIL POSTED SPEED BARRIER 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 36 - MEDIAN OTHER BARRIER 30 - GUARDRAIL FACE 42 - CULVERT 5 5 J FIRST HARMFUL EVENT ■ MOST HARMFUL EVENT

LOCAL REPORT NUMBER

IV	OHODERATION MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
_	→ massag	THE THE PERSON IN	IUIUKISI / IN	UN-I	VIUIT	NKT2) I			LP	1,9,0,8,0	5 0	0 3 6	8 8 3		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
	0 1		DOMINIC W							0 6 / 0 6 / 2 0 0 2 1 7 M						
RIS		: STREET, CITY,	,							CONTACT PHONE - INCLUDE AREA CODE						
VION		AGLE RI	DGE CT SPRINGBOI	RO, OH			A MENTALL CLASS VEN		1	9 3 7 2 3 8 1 5 0 2						
Ž	5	TAKEN BY				DIAKENI	O: MEDICAL FACILITY	(NAME, CITY	USEO O 4	DOT-C	COMPLIANT SEATING POSITION	ON AIR BAG U	SAGE EJECTIO	N TRAPPED		
N.	OL STATE	E OPERATOR LICENSE NUMBER				NSE CHA	RGED	LOCAL	OFFENSE DES				TATION NUMBER			
TOR	О.Н.	UW562610				.21A		CODE	ACDA			01762				
MO	OL CLASS	ENDORSEMEN SELECT UP TO 2	T RESTRICTION SELEC		RIVER ISTRACTED	ALC	OHOL / DRUG SUSP	ECTED	CONDITION	ALCOHOL TEST			DRUG TEST(S)			
	4 .	B				ALCOHOL MARIJUANA					5637-57-0	C-MONTHS I		LT select upto a		
8	UNIT#	NAMELIASI	T, FIRST, MIDDLE				THER DRUG		1	1	1 •		1	1_1_		
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ST	ADDRESS:	STREET, CITY, S									F PHONE - INCLUDE AREA (1	IVI		
/ NON-MOTORIS	6451 B	UNNELL	HILL RD LEBANON,	OH 450	36					l _	3 7 8 2	_	8 , 3 ,	6 3		
N-W	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKENTO	O: MEDICAL FACILITY	(NAME, CITY)						_		
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	UNIT#	NAME: LAST	, FIRST, MIDDLE			An-					DATE OF BIRTH		AGE	GENDER		
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EEE	ADDRESS: STREET, CITY, STATE, ZIP					INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT					PHONE - INCLUDE AREA O	ODE		-1.		
OM.													1 6	_		
NO.	- 1	TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKENTO): MEDICAL FACILITY	(NAME, CITY)	USED	DOT-C	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED		
	DL STATE	TE OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL OFFENSE DESC				RIPTION CIT:			N NUMBER	1		
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ı.				BY			LCOHOL MAI THER DRUG	RIJUANA		detail lie		******** C		51 362601 41 15 4		
	INJU	RIES	SEATING POSITION		AIR BAG		OL CLAS	s	OL RESTRIC	TLON(S)	DRIVER DISTRACT	TION	TEST ST	ATUS		
ı	FATAL CHERECTER S	ERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE			1 - CLASS A		1-ALCOHOL INTER	LOCK DEVICE	1 - NOT DISTRACTED	1-	NONE GIVEN			
ı	SUSPECTED M		2 - FRONT - MIDDLE	2 - DEPLOY 3 - DEPLOY			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATINI ELECTRONIC COMMUN	ICATION 3.	TEST REFUSED TEST GIVEN, COI	NTAMINATED		
	POSSIBLE INJ		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		ED BOTH FR	ONT/SIDE	4 - REGULAR CLASS (OHID = D)		4 - FARM WAIVER		DEVICE (TEXTING, TYP DIALING)	'ING,	SAMPLE / UNUS TEST GIVEN, RE	ABLE		
			(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE	5 - NOT API	PLICABLE MENT UNKN	OWN	5=M/C MOPED ONLY		5 - EXCEPT CLASS (3 - TALKING ON HANDS-FF COMMUNICATION DEVI	KFF _	TEST GIVEN, RE			
	NJURED T NOTTRANSPO	AKEN BY RTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-HEI COMMUNICATION DEVI	ICE	UNKNOWN			
	/TREATED AT : EMS	SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION CTED		OL ENDORSEM H - HAZMAT	MENT	8-INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	AN	LCOHOL TE NONE	STTYPE		
	POLICE		B-THIRD - MIDDLE		LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PASSENGER		BLOOD			
9-	OTHER / UNKN	IOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3 - TOTALL) 4 - NOT APE			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		URINE BREATH			
_	AFETY EQ NONE USED	UIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRACTION O THE VEHICLE	UTSIDE 5-	OTHER			
		LT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	RAPPED APPED		R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE	VICES	9 - OTHER / UNKNOWN		DRUG TEST	TYPE		
	LAP BELT ONL' SHOULDER & L	Y USED LAP BELT USED	PICK-UP WITH CAP) 2 - EXTRICATED BY 12 - PASSENGER IN UNENCLOSED MECHANICAL MEANS			T - DOUBLE & TRIPLETRAILERS CONTROLS, OR O			HER CONDITION			1- NONE 2- BLOOD				
5 -	CHILD RESTRA	AINT SYSTEM -	CARGO AREA 3 CREEN BY			FANS	X - TANKER / HAZMAT ADAPTIVE DEVI			1 - ALL MILLION DE LONGIAL			3-URINE			
6-		ING AINT SYSTEM –	YSTEM - 14 - RIDING ON VEHICLE EXTERIOR					15 - MOTOR VEHICLE: AIR BRAKES			3 - EMOTIONAL (E.G., DEPRE ANGRY, DISTURBED)	SSED,	4-OTHER			
	REAR FACING BOOSTER SEAT	Т	(NON-TRAILING UNIT) 15 - NON-MOTORIST					16-OUTSIDE MIRRO			4- ILLNESS		R UG TEST R I Amphetamines			
θ-	HELMET USED)	99 - OTHER / UNKNOWN						17 - PROSTHETIC AID 18 - OTHER		5- FELL ASLEEP, FAINTED, FATIGUED, ETC.		BARBITURATES	IEC		
	PROTECTIVE P (ELBOW, KNEE										6- UNDER THE INFLUENCE OF MEDICATIONS / DRU	4.	BENZODIAZEPIN CANNABINOIDS	NE9		
	REFLECTIVE C LIGHTING – PE										/ALCOHOL	5-	COCAINE	nc		
	BICYCLE ONLY	Y									9- OTHER / UNKNOWN		OPIATES / OPIOII OTHER	na		
99 - 1	OTHER / UNKNO	UWN										8-	NEGATIVE RESU	LTS		

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER						
W - W	0000000000		OUDIANT /	AATIME	33 MUDERDUR	VI.		L P 1 9 0 8 0 5 0 0 3 8 8 3						
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
1 IORIO, VICTORIA								0, 6, /, 0, 6, /, 2, 0, 0, 5, 1, 4, F						
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
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INJURES INJURED EMS Agency (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT										4				
5		TAKEN					USED	DOT-COMPLIANT	SEATING POSITION		. EJEGIION	TRAPPED		
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24		STREET, CITY,						CONTACT PHONE - INCLUDE AREA CODE						
9314	4 BE	ENNING	TON WAY CENTI	ERVILLE, OF	1 45458			9 3 7	3 7	1 9	2	9 9		
INJUR		INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facili	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
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UNIT # NAME: LAST, FIRST, MIDDLE							DAT	E OF BIRTH		AGE	GENDER			
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ADDR									MOCODE AKEA CO	50				
	IES	INJURED	EMS Agency (NAME)		1NJURED TAKEN TO: MEDICAL FACIL	LITY (NAME OUT)	SAFETY EQUIPMENT		CEATING DOCUTION	AID DAR HEAD	FICATION	TDADDE		
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UNIT	*	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER		
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INJURI		INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	_ '	BY		1			USED	MC HELMET						
		INJU	RIES	SAFETY	' EQUIPMENT USED		SEATING POS	ITION	NE DE	AIR BAG U	SAGE	TOWNE !		
1 - F	ATAL	-		1 - NONE US		1 - FRON	T - LEFT SIDE		1 - NOT DE	PLOYED				
2 - S	USP	ECTED SE	RIOUS INJURY	VEHICLE	LE OCCUPANT (MOTORCYCLE DRIV			ER) 2 - DEPLOYED FRONT						
3 - S	USP	ECTED MI	NOR INJURY	2 - SHOULDE	- SHOULDER BELT ONLY USED 2 - FRONT - MIDDL			2 DEBLOVED SIDE						
4 - P	1220	BLE INJU	RY	3 - LAP BELT	T ONLY USED 3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE									
5 - N	10 AP	PARENT I	NJURY	4 - SHOULDE	ER & LAP BELT USED (MOTORCYCLE PASS									
	ī	NHIPED	TAKEN BY		STRAINT SYSTEM -		ND - MIDDLE	5 - NOT APPLICABLE						
1 - N		RANSPORT			FORWARD FACING 6 - SECOND - RIGHT 6 - CHILD RESTRAINT SYSTEM - 7 - THIRD - LEFT SIG)E	MENT UNK	MENT UNKNOWN				
		TED AT SO		REAR FAC			ORCYCLE SIDE	CAR) EJECTION			D N			
2 - E	MS			7 - B00STER	SEAT		D – MIDDLE	1 - NOT EJECTED						
3 - P	OLIC	E		8 - HELMET	USED 9- THIRD - RIGHT SIDE 10- SLEEPER SECTION					Y EJECTED				
9 - 0	THE	R / UNKNO	WN		IVE PADS USED		ENGER IN OTHI		Y EJECTED					
				·	(NEES, ETC.)	CARG	O AREA (NON-TR	AILING UNIT,	PLICABLE					
				10 - REFLECT			ICK-UP WITH CAF ENGER IN UNE		-	TRADE	TRAPPED			
				11 - LIGHTING / BICYCLE	I – PEDESTRIAN CONLY	PEDESTRIAN			1 - NOT TRA					
99 - OTHER / U				IKNOWN 13 - TRAILING UNIT					ATED BY M	ECHANIC	CAL			
						14 - RIDING ON VEHICLE (NON-TRAILING UNIT)			EXTERIOR MEANS			. INCOMMINAL		
						15 - NON-N				BY NON-ME	CHANICA	AL		
						99 - OTHE	R / UNKNOWN		MEANS					
NAME:	LAST,	FIRST, MIDDL	E					DATE	OF BIRTH		AGE	GENDER		
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NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER								
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