OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*							
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION			L P 1 9 (0,9,1,4,0,0,4,6,6,0,			
SECONDARY CRASH	REPORTING AGENCY NAME*	NCI	ic*		NUMBER OF UNITS UNIT IN ERROR			
PRIVATE PROPERTY	CLEARCREEK TWP PD	0,8,3	3 1 6	1 - SOLVED 2 - UN SOLVED	0 2 0 1 98 - ANIMAL 99 - UNKNOWN			
1 - CITY	TY, VILLAGE, TOWNSHIP*			CRASH DATE / T	1 - FATAI			
8 3 3 2 - VILLAGE CLEARCI				0,9,1,4,2,0,1,9	1449 5 2-SERIOUS INJURY			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROA	AD TYPE	LATITUDE DEC				
	MAPLE BROOK	<u>.</u> s	3 , T	3 9 5 7 3	2 6 0 3 - MINOR INJURY SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOS	ST, HOUSE #) ROA	AD TYPE	LONGITUDE DEC				
	9266		أبست	8 4 1 5 8	8 9 0 5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION 1 - INTERSECTION TARGET INTERSECTION INTERS	ROUTE TYPE - INTERSTATE ROUTE(TP) AL - ALLEY	ROAD TYPE HW-HIGHWAY RD-R	DOAD.	TI	NTERSECTION RELATED			
- 2-MILE POST - 2 POUTU	- FEDERAL US ROUTE AV - AVENUE		SQUARE	■ WITHIN INTER	SECTION OR ON APPROACH			
	- STATE ROUTE BL - BOULEVA	ARD MP-MILEPOST ST - S 0V - 0VAL TE - TI		WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE CT - COURT	PK - PARKWAY TL - T	TERRACE TRAIL	ROADWAY				
0 1 0 2 2-FEET	- NUMBERED TOWNSHIP ROUTE DR - DRIVE HE - HEIGHTS	PI - PIKE WA - W S PL - PLACE	WAY	ROADWAY DIVI	DED			
LOCATION OF FIRST HARMFUL EVE								
1 - ON ROADWAY 9 - CROSSOVE	R 1 - NOT COLLISIO	RASH COLLISION/IMPACT IN 4-REAR-TO-REAR		DIRECTION OF TRAVEL 1 - NORTH	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN			
I . U . I .	VALLEY ACCESS GRADE CROSSING 5 BETWEEN TWO MOTOR	5 - BACKING 6 - ANGLE		2 - SOUTH	(<4 FEET) 2 - DIVIDED FLUSH MEDIAN			
4 - ON ROADSIDE 12-SHARED L	SE PATHS OR TRANSPORT	7 - SIDESWIPE, SAME DIRE		3 - EAST 4 - WEST	(≥4 FEET)			
5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN	2 - REAR-END E 3 - HEAD-ON	8 - SIDESWIPE, OPPOSITE D 9 - OTHER / UNKNOWN	DIRECTION		3 - D(VIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN			
7 - ON RAMP 14-TOLL BOO' 8 - OFF RAMP 99-OTHER / U					(ANY TYPE) 9 - OTHER/UNKNOWN			
		TION OF ORACH VALUEDING		CONTOUR				
	- LANE CLOSURE	ATION OF CRASH IN WORK Z 1 - BEFORE THE 1ST WORK	- 1	. 1	CONDITIONS SURFACE			
	- LANE SHIFT/CROSSOVER - WORK ON SHOULDER	WARNING SIGN 2 - ADVANCE WARNING AR	REA	1 - STRAIGHT LEVEL	1 DRY 1 CONCRETE			
LAW ENFORCEMENT PRESENT	OR MEDIAN	3 - TRANSITION AREA			2-WET 2-BLACKTOP,			
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION AREA		3 - CURVE LEVEL	3 - SNOW BITUMINOUS, ASPHALT			
LIGHT CONDITION	WEATHER				4 - ICE 3 - BRICK/BLOCK			
1 - DAYLIGHT	1-CLEAR 6-SNOV	N		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAVEL, STONE			
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	0 1 2-CLOUDY 7-SEVE 3-FOG, SMOG, SMOKE 8-BLOV	ERE CROSSWINDS		1 6	S - WATER (STANDING, MOVING) 5 - DIRT			
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN 9 - FREE	ZING RAIN OR FREEZING D		1	7 - SLUSH 9 - OTHER/UNKNOWN			
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - 0TH	IER / UNKNOWN			7 - OTHER/UNKNOWN			
NARRATIVE			111		Indicate the north			
LINUT # 2 MAG DADIED	ON MADIE DDOOL			,	direction with an "N" on the			
UNIT # 2 WAS PARKED			1		compass diagram.			
ST JUST NORTHEAST	OF THE DRIVEWAY	NOT T	O					
FOR 9266 MAPLE BROO	OK. UNIT # 1 WAS	SCALE						
PARKED IN THE DRIVE	WAY OF 9266	50,720			in a court Di Donald			
MAPLE BROOK ST. UN					MAPLE BROOK			
BACKING OUT OF THE								
FAILED TO SEE UNIT #	2, STRIKING IT.							
					2]]			
		9266						
		1000		-/~				
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ADDIVAL DATE (TIME		POEME OF FARSE ST	TE (TIME			
		ARRIVAL DATE/TIME	5 -	SCENE CLEARED DA	NO FOLICE ACENCY			
0 9 1 4 2 0 1 9 1 4 4 9 0 9 1 TOTAL TIME OTHER TOTAL				9 1 4 2 0 1 9	1 5 2 8 MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUT			BY OFFICE	R'S NAME* NEY	SUPPLEMENT			
	OFFICER'S BADGE NUMB	BER* C	Снескей ву	OFFICER'S BADGE NU				
0 0 0 0 3 0 0 6	9 1 L 3 0	1 1 1	1/	25				

(S)- (III)	ONI						L,P,1,9,0	9 1	4 0 0 4 6 6 0
UNIT#	OWNER NAME: LAST, FIR SMITH, THOMA		ER)	awn	ER PHONE: INC	LUDE AREA CODE (M SAME AS DRIVER)			MAGE GE SCALE
	ADDRESS: STREET, CITY, STAT						1 - NONE 1 2 - MINOR		3 - FUNCTIONAL DAMAGE
COMMER	CIAL CARRIER: NAME, ADD	RESS, CITY, STATE, ZIP		Co	MMERCIAL CARRIER	PHONE: INCLUDE AREA CODE		9 - UNI	KNOWN ED AREA(S)
	LICENSE PLATE # 363ZGJ		LE IDENTIFICATION #	3,3,6,	VEHICLE YE				LL THAT APPLY
INSUR VERIF		PANY	INSURANCE POLICY # 923652111		COLOR BLACK	VEHICLE MODEL F-150	10	2	10 12 2
Сомм	TYPE OF USE ERCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWE	ED BY: COMPAN		9 - 1	3	,-
INTER DEVICE EQUIP	PPED —	T 0,2	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS			DUS MATERIAL CLASS # PLACARD ID #		7.	8 7 4
O 4 UNIT TYPI	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV JUTY)		19 - BUS (16+ 20 - OTHER V 21 - HEAVY E 22 - ANIMAL		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	9		3
	# OF TRAILING UNITS						11 12	7	5 12 1
_ 2	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOU MODE LEVE	L	4 - HIGH AU' 5 - FULL AU'			10 11	3	9 9 9
O 1, SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW RE 19 - TOWING 20 - SAFETY	EMOVAL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN		74	8 5 5
O 1 CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING	CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGOTA 10 - FLAT BEI 11 - DUMP	D	12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	, W. 3		3 9 3 3
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTORTI 10 - DISABLE ACCIDEN	D FROM PRIOR	99 - OTHER / UNKNOWN	6	6	6 6
NON-MOTORIST LOCATION AT IMPACT	CROSSWALK 2 - INTERSECTION - UNMARKED	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATI	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10-DRIVEWA	CROSSING ISLAND BY ACCESS USE PATHS OR	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	M - NO DAMAG		☐-UNDERCARRIAGE [14] ☐-ALL AREAS [15] AT SCENE [16]
3 ACTION	2-NON-COLLISION 3-STRIKING 4-STRUCK PRE-CRASH 5-BOTH STRIKING & STRUCK	4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC	14 - ENTERIN SPECIFIE 15 - WALKING	, PLAYING	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAM , 0 , 0 , 1-12 - REFE	AGE	NT OF CONTACT 14 - UNDERCARRIAGE IT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
	9 - OTHER / UNKNOWN 1 - NONE	7 - LEFT OF CENTER	12 - DRIVERCESS	17 - VISION OF		21 - LYING IN ROADWAY		TRA	FFIC
1,2	2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	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	18-OPERATII EQUIPME 19-LOAO SHI SPILLING	NG DEFECTIVE Ent fting/falling/ 	22-NOT DISCERNIBLE 23-OPENING DOOR INTO ROADWAY 99-OTHER IMPROPER ACTION	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	_ 6	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
	6-IMPROPERTURN	12 - IMPROPER BACKING	10 - WKONG WAT	20 - IMPROPE	R CRUSSING		# OF THROUGH LANES		RAIL GRADE CROSSING 1 - NOT INVOLVED
	OF EVENTS 1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE -	16 - RAILWAY	VEHICLE	22 - WORK ZONE MAINTENANCE	_2_		2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN COLLISIO 31 - GUARDRAIL END	TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE DN WITH FIXED OBJECT		— DEER — OTHER EHICLE IN IRT Wotor Vehicle	EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 50 - WORK ZONE MAINTENANCE		10N-MOTO	ORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
	/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	38-OVERHEAD SIGN POST 39-LIGHT / LUMINARIES SUPPORT 40-UTILITY POLE 41-OTHER POST, POLE DISTIPPORT	44 - DITCH 45 - EMBANKN 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYD		EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNKEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	UNIT SPEED O O 5 POSTED SPEED		1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
1	FIRST HARMFUL EVENT	1	HARMFUL EVENT				2 5		



L P 1 9 0 9 1 4 0 0 4 6 6 0 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER DAMAGE 0, 2, BANK OF MONTREAL 8 | 0 | 0 | 4 | 6 | 2 | 8 | 3 | 4 | 3 DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 300 CENTRE POINT DR, VIRGINIA BEACH, VA 23462 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN 300 CENTRE POINT DR, VIRGINIA BEACH, VA 23462 8,0,0,4,6,2,8,3,4,3 DAMAGED AREA(S) INDICATE ALL THAT APPLY P STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE O_K_3DM717 1, F, T, Y, E, 2, C, M, 8, K, K, B, 3, 2, 5, 5, 7 FORD 2,0,1,9 INSURANCE TINSURANCE COMPANY
VERIFIED ZURICH AMERICA **INSURANCE POLICY #** COLOR VEHICLE MODEL ZURICH AMERICAN BAP467851206LMBB WHITE TRANSIT150 TYPE OF USE US DOT # TOWED BY: COMPANY NAME IN EMERGENCY COMMERCIAL GOVERNMENT RESPONSE 1,0,9,2,5,4,3, HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR INTERLOCK DEVICE EQUIPPED #OCCUPANTS MATERIAL CLASS # PLACARD ID # 1 - <10K LBS HIT/SKIP UNIT RELEASED 2 - 10,001 - 26K LBS 0 _ $1_{\rm J}$ PLACARD 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 23 - PEDESTRIAN / SKATER 18 - LIMO (LIVERY VEHICLE) 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 0_5 3 - SPORT UTILITY VEHICLE 13 - SNOWMORILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 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 BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS B - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 _ 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 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 0,6 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE BODY 0 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN 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 DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT - UNDERCARRIAGE (14) ☐ - NO DAMAGE | 0 | 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS □ - TOP (13). - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99 - OTHER / UNKNOWN 11 - SHARED USE PATHS OR CROSSWALK 5 - TRAVEL LANE - GIRER LOCATION TRAILS - UNIT NOT AT SCENE [16] 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING OR LEAVING VEHICLE _1_0 0 - NO DAMAGE 14 - UNDERCARRIAGE → 3 - STRIKING SPECIFIED LOCATION 19 - STANDING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE PRE-CRASH 4 - OVERTAKING/PASSING 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK 15 - WALKING, RUNNING, 20 - OTHER NON-WOTORIST 10 - PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING 99 - UNKNOWN 11 - SLOWING OR STOPPED 21 - STANDING OUTSIDE 13 - TOP 16 - WORKING & STRUCK INTRAFFIC DISABLED VEHICLE 6 - MAKING LEFT TURN 17 - PUSHLNG VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 12 - DRIVERLESS 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 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO 0,1, 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN **ILLEGALLY** 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN ROADWAY 10 - IMPROPER PASSING ☐ 3 - FLASHER CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 6 - NO CONTROL SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 6 - IMPROPER TURN 12 - IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING 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 - FOLLEMENT 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 **UNIT / NON-MOTORIST DIRECTION** 23 - STRUCK BY FALLING 3 - IMMERSION 18-ANIMAL - DEER 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19 - ANIMAL - OTHER 4 - JACKKNIFF 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14 - PEDESTRIAN TRANSPORT FROM 2 TO 1 LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 8 - SOUTHWEST 4 - WEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 31 - GUARDRAIL END 25 - IMPACT ATTENUATOR 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION EQUIPMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH **UNIT SPEED DETECTED SPEED** 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45-EMBANKMENT 51 - WALL STRUCTURE 1 - STATED / ESTIMATED SPEED SUPPORT 34 - MEDIAN GUARDRAIL 52 - BUILDING 46-FENCE 27 - BRIDGE PIER OR ABUTMENT 0,0,0 BARRIER 40 - UTILITY POLE 2 - CALCULATED / EDR 47 - MAILBOX 53 - TUNNEL 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48 - TREE 3 - UNDETERMINED POSTED SPEED 29 - BRIDGE RAIL BARRIER OR SUPPORT 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 2 5 1 MOST HARMFUL EVENT FIRST HARMFUL EVENT

LOCAL REPORT NUMBER

OHIO DI	SOME DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
			014		, KIO	, i			L P	1	9 0 9	1,4,0	0 4 6	3,6,0		
0 1	NAME: LAST, FIRST, MIDDLE SMITH, NICKALA, YVETTE								DATE OF BIRTH AGE GENDER							
ABBBECC	STREET, CITY, STATE, ZIP								0 6 / 2 5 / 1 9 7 1 4 8 F							
E		NE DR, DAYTON, O		9 3 7 3 4 3 7 5 7 0												
INJURIES	INJURED									T SEATING POSITION ATD BAG IISAGE FIFTTON TRADDED						
9 5	TAKEN BY							USED 0 4	□ MC H		ANT	1	1	1		
OL STATE	OPERATOR	LICENSE NUMBER		OFFEN:	SE CHA	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATI	ON NUMBER	11		
O H	RG6752															
OL CLASS	SELECT UP TO 2			IVER STRACTED		OHOL / DRUG SUSPI		CONDITION	STATUS		VALUE VALUE	STATUS	DRUG TEST(S TYPE RESUL	D T select up to 4		
4		0 3	1	1 ALCOHOL MARIJUANA 1 OTHER DRUG			1 1	1 1	1.,		. 1	1				
UNIT#	NAME: LAST	, FIRST, MIDDLE								D	ATE OF BIRTH		AGE	GENDER		
0 2	CASSEL	L, K, SCOTT							0 8	/ 3	3 0 / 1	9 6 5	5 4	М		
3	: STREET, CITY, S	•							CONTACT PHONE - INCLUDE AREA CODE							
5	,	IUBER HEIGHTS, OF	Ⅎ, 45424					-1-1	9	3	7 3 2	9	2 7	9 8		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		[NJURED T	TAKEN TO	O: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT O 1			N AIR BAG I	AIR BAG USAGE EJECTION TRAPPED			
OL STATE	OPERATOR RN75805	LICENSE NUMBER 58		OFFENS	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION				CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	T RESTRICTION SELEC		VER TRACTED		OHOL / DRUG SUSPE		CONDITION	ALCOHOL TEST STATUS TYPE VALUE S				DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
_ 4				1	ALCOHOL MARIJUANA 1			u 1 ₀ e	1,		1	1	n n 3			
UNIT#	NAME: LAST,	FIRST, MIDDLE								D	ATE OF BIRTH		AGE	GENDER		
Abboss.										-13	1 1 1 1	9.00	بـــــال	l		
ADDRE 22:	STREET, CITY, S	FATE, ZIP							CONTAC	r PHOI	NE - INCLUDE AREA C	ODE				
INJURIES	INJURED	EMS AGENCY (NAME)		T _{IN IURED T}	TAKENTO	: MEDICAL FACILITY	MANE CITY)	LEVELA CUITOMENT		_1_	SEATING POSITIO	ATD DAC II	THE CLEATION	T -nannen		
NGW	TAKEN BY			71100	MALI	, meatons insulation .	NAME, GIVE	USED	DOT-C		NT	M AIK DAU V	SAGE EJECTION	TRAPPEO		
OL STATE	OPERATOR L	LICENSE NUMBER		OFFENSE CHARGED LOCAL			OFFENSE DESC	RIPTION	IPTION CITATION NUMBER							
				CODE												
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	OHOL / DRUG SUSPE	E CTED RIJUANA	CONDITION	STATUS		VALUE		TYPE RESULT	SELECT UP TO 4		
	r				=	THER DRUG	DUMINA	. ,	3.1		•	100	A Sup	w w		
INJU	RIES	SEATING POSITION		IR BAG		OL CLASS		OL RESTRICT	TION(S)		IVER DISTRACT	TLON	TEST STA	TUS		
1 - FATAL 2 - SUSPECTED S	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPI 2 - DEPLOYE				1 - ALCOHOL INTERL 2 - CDL INTRASTATE			IOT DISTRACTED Manually operating		- NONE GIVEN - TEST REFUSED				
3 - SUSPECTED N		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE	ED SIDE 3 - CLASS C			3 - CORRECTIVE LEN		E	LECTRONIC COMMUN DEVICE (TEXTING, TYP	ICATION 3	ATION 3-TEST GIVEN, CONTAMINATED				
4 - POSSIBLE INJ 5 - NO APPARENT		4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOT APPL	ED BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D)			4 - FARM WAIVER DIALIN			DIALING)	NG) SAMPLE / UNUSABLE 4.TEST GIVEN RESULTS KNOWN					
INJUREDT	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND – MIDDLE		MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLA				6 - EXCEPT CLASS A	A COMMUNICATION DEVICE 5-TEST (-TEST GIVEN, RES	JULTS			
1 - NOT TRANSPO	RTED	6 - SECOND - RIGHT SIDE	:			6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTOR	4 - TALKING ON HAND-HELD							
/TREATED AT 2 - EMS	SCENE	7-THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJEC	ECTION TED	_	H - HAZMAT	ENT	9 - INTERMEDIATE LICENSE 5 - OTHER ACTIVITY WITH AN					- NONE	N IMPE		
3 - POLICE		8-THIRD - MIDDLE	2 - PARTIALL			M - MOTORCYCLE		9 - LEARNER'S PERMIT 6 - PASSENGER 2 - B				2 - BLOOD				
9 - OTHER / UNKN	IOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3 - TOTALLY &			P - PASSENGER N - TANKER		7-OTHER DISTRACTION				3- URINE 4- BREATH				
SAFETY EQ 1 - NONE USED	UIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EMPI			THER DISTRACTION O HE VEHICLE	UTSIDE 5	- OTHER			
2 - SHOULDER BE	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRAP		N-THREE-WILEE MOTORCICEE			12 - LIMITED - OTHER 13 - MECHANICAL DE	EVICES 9-OTHER/UNKNOWN				DRUG TEST TYPE			
3 - LAP BELT ONL 4 - Shoulder & L		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICAT MECHANI	ED BY T. DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER					1 - NONE 2 - BLOOD				
5 - CHILD RESTRA	AINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT	3 - FREED BY	X - TANKER / HAZMAT			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL			- URINE				
FORWARD FAC 6 - CHILD RESTRA		14 - RIDING ON VEHICLE EXTERIOR	WON-WEG	IANIOAL IIICA	CAL MEANS			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		THOUT 3 - EMOTIONAL (E.G., DEPRESSED,			- OTHER			
REAR FACING 7 - BOOSTER SEAT	т	(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRROR		ANGRY, DISTURBED) 4 - ILLNESS			RUG TEST RE - Amphetamines			
B - HELMET USEC		99 - OTHER / UNKNOWN						17 - PROSTHETIC AID		5- FELL ASLEEP, FAINTED, FATIGUED, ETC.			- BARBITURATES			
9 - PROTECTIVE P (ELBOW, KNEE								18-OTHER		6 - UNDER THE INFLUENCE			- BENZODIAZEPINE - CANNABINOIDS	ΞS		
D - REFLECTIVE C										OF MEDICATIONS / DRUGS /ALCOHOL			- COCAINE			
L - LIGHTING - PE / BICYCLE ONL	Υ									9- OT	HER / UNKNOWN		- OPIATES / OPIOID: - OTHER	S		
9 - OTHER / UNKNO	OWN										NEGATIVE RESUL	TS				

OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER								
The state of the s							LP190914004660							
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
1 , 1 ,	SMITH,	WILLASIA	1, 2, /, 1, 8, /, 2, 0, 0, 3, 1, 6, F											
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
432 BLACKSTONE DR, DAYTON, OH, 45459								9 3 7 3 4 3 7 5 7 0						
	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION			TRAPPED			
5	TAKEN BY				(Мине, 07117	USED 0 4	DOT-COMPLIANT	0 6	l	1	1 KAPPED			
	NAME (A)				0 1		<u> </u>							
UNIT#	NAME: LAS	ST, FIRST, MIDDLE					DA	E OF BIRTH		AGE	GENDER			
											L			
ADDRESS	: STREET, CITY,	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
199														
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	BY					L	MC HELMET	ļ. , ,			ļ. ,			
UNIT#	NAME: LAS	T, FIRST, MIDDLE				-la	DAT	E OF BIRTH		AGE	GENDER			
1							AGE GERDER							
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE L					
ang							CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: Medical Facil	ITY (NAME CITY)	SAFETY EQUIPMENT	1	SEATING POSITION	ATD DAC HEACE	FIGGTION	TOADDED			
1	TAKEN BY			THOUSE PRICE TO HIEDIORE PROJE	TIT CHANE, GITT,	USED	DOT-COMPLIANT	SENITUR PASITION	AIN DAG USAGE	ETECTION	IRAPPED			
							- WIC NELIVET			J				
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
1							1 1	î i						
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	·	INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	BY				USED					1 4				
	INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
1 - FATA	L		1 - NONE US			T – LEFT SIDE		1 - NOT DE	PLOYED					
2 - SUSP	PECTED SE	RIOUS INJURY		OCCUPANT	ER) 2 - DEPLOYED FRONT									
3 - SUSP	ECTED MI	NOR INJURY	2 - SHOULDE	R BELT ONLY USED	3 - DEPLOYED SIDE									
4 - POSS	IBLE INJU	RY	3 - LAP BELT	ONLY USED	4 - DEPLOYED BOTH									
5 - NO AI	PPARENT I	NJURY	4 - SHOULDE	R & LAP BELT USED	ENGER) FRONT/SIDE									
	INJURED	TAKEN BY	5 - CHILD RE FORWARD	STRAINT SYSTEM – LEACING		ND - MIDDLE	\F	PLICABLE	CABLE					
	TRANSPORT		•.	O FACING 6 - SECOND - RIGHT SID ESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE			9 - DEPLOYMENT UNKNOWN							
	ATED AT SO	_	REAR FAC		CAR) EJECTIO			DN						
2 - EMS			7 - BOOSTER	SEAT	1 - NOT EJECTED									
3 - P0LI(CE		8 - HELMET	USED		D – RIGHT SIDE	E OF TRUCK CAB 2 - PARTIALLY EJI			ECTED				
9 - OTHE	R / UNKNO	WN		VE PADS USED	ER ENCLOSED 3 - TOTALLY EJECT			ED						
				(NEES, ETC.)		O AREA (NON-TR				CABLE				
			10 - REFLECTI			ICK-UP WITH CAP ENGER IN UNEI								
			/ BICYCLE	- PEDESTRIAN ONLY		O AREA	1020022							
			99 - OTHER / U	NKNOWN	13 - TRAIL			FCHANIC	.Δι					
						IG ON VEHICLE FRAILING UNIT)	EXTERIOR 2 - EXTRICATED BY MECHANICA MEANS							
					15 - NON-N				BY NON-ME	CHANICA	AL.			
					99 - OTHE	R/UNKNOWN		MEANS						
NAME: LAST	, FIRST, MIDDL	E					DAT	E OF BIRTH		AGE	GENDER			
								-1-(-1-	1 1					
ADDRESS: 9	STREET, CITY, S	TATE, ZIP					CONTACT PHONE	- INCLUDE AREA COD	E		,			
NAME: LAST	, FIRST, MIDDLI	E					DATI	OF BIRTH		AGE	GENDER			
ADDRESS: S	STREET, CITY, S	TATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER								
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
L. C.														