OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*					
PHOTOSTAKEN OH-2 OH-3 LOCAL INFORMATION								L, P, 1, 9, 1, 1, 3, 0, 0, 0, 6, 0, 7, 8,						
SECONDARY CRASH	X OH-1P ☐		REPORTING AGE				HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR					
							8,3,1,6	2 - UNSOLVED		0 1 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*  8 3 2 - VILLAGE CLEARCREEK  CLEARCREEK									CRASH DATE / TIME* CRASH SEVERITY					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH   LOCATION ROAD NAME   ROAD TYPE									CIMAL DEGREES	2 - SERIOUS INJURY SUSPECTED				
S. R. 4.8.	2 - SOUTH 3 - EAST 3 - EAST 4 - MIEST									3 - MINOR INJURY				
7-4621								3 9 5 3 0		SUSPECTED  4 - INJURY POSSIBLE				
ROUTE TYPE ROUTE NUM	2 - SOUTH 3 - EAST BUNNELL HILL R. D.								-8 4 4 2 1 0 6 1 8 5- PROPERTY DAMAGE					
REFERENCE POINT	REFERENCE POINT DIRECTION ROUTE TYPE ROAD TYPE								INTERSECTION RE	ONLY				
1 - INTERSECTION 2 - MILE POST	FROM REFERENCE  1 - NORT		- INTERSTATE ROUTE(TP) AL -ALLEY HW-HIGHWAY				RD - ROAD	1 150	RSECTION OR ON AF					
1 3- HOUSE #	2 - SOUT 3 - EAST 4 - WEST	.   03-1	EDERAL US ROL TATE ROUTE	JTE	AV - AVENUE BL - BOULEVARD		SQ - SQUARE ST - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE	DISTANCE	CR - N	UMBERED COUN	NTY ROUTE	CR - CIRCLE		TE - TERRACE		ROADWAY	NOMBER OF AFFRONCIES				
TROWING ENERGE	UNIT OF MEASURE 1 - MILE 2 - FEET	S TR - N	UMBEREDTOW	NSHIP	DR - DRIVE		TL - TRAIL WA - WAY							
	3 - YARD			-11	HE - HEIGHTS	PL - PLACE		ROADWAY DIV	IDED					
LOCATION o 1 - ON ROADWAY	F FIRST HARME 9 - CF	OSSOVER				H COLLISION/IMPA 4 - REAR-TO-REAR	CT	DIRECTION OF TRAVE	1	IEDIAN TYPE				
O 1 2-ON SHOULDER	10-D	RIVEWAY/A	LLEY ACCESS	_	BETWEEN TWO MOTOR	5 - BACKING		1 - NORTH , 2 - SOUTH	DED FLUSH MEDIAN FEET )					
3 - IN MEDIAN 4 - ON ROADSIDE		ATLWAY GR. HARED USE	ADE CROSSING PATHS OR	, i	VEHICLES IN	6 - ANGLE 7 - SIDESWIPE, SAM	E DIRECTION	3 - EAST 4 - WEST	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)					
5 - ON GORE 6 - OUTSIDE TRAF	3 6-	RAILS IKE LANE				8 - SIDESWIPE, OPPI 9 - OTHER / UNKNO		4-10231	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN					
7 - ON RAMP	14-T	OLL BOOTH	NI ONAVA	)-1	TEAD-ON	7-UINER/UNKNU	4010		Y TYPE) ER/UNKNOWN					
8 - OFF RAMP	77-0	THER / UNK												
WORK ZONE RELATED	D		<b>work zone ty:</b> Ane closure	Æ		ON OF CRASH IN WO - BEFORE THE 1ST		CONTOUR	CONDITIONS					
WORKERS PRESENT			ANE SHIFT/CROS		2	WARNING SIGN - ADVANCE WARNIN	NG ARFA	1 - STRAIGHT LEVEL		2 1- CONCRETE				
LAW ENFORCEMENT	PRESENT	01	MEDIAN		<u> </u>	-TRANSITION AREA		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP,						
ACTIVE SCHOOL ZONE	E		TERMITTENT OF HER	R MOVING W		- ACTIVITY AREA - TERMINATION AR	EA	3 - CURVE LEVEL	BITUMINOUS, ASPHALT					
LIGHT CON	NDITION			WFA	THER			4 - CURVE GRADE	3 - BRICK/BLOCK					
1 - DAYLIGHT			1 - CLI		6 - SNOW			9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAV						
4 2 - DAWN/DUSK 3 - DARK – LIGHTE	D ROADWAY		0 4 2 - CLC			CROSSWINDS G SAND, SOIL, DIRT	. SNOW		6 - WATER (STANDI MOVING)	NG, 5 - DIRT				
4 - DARK – ROADWA 5 - DARK – UNKNOV			4 - RA		9 - FREEZI	NG RAIN OR FREEZ			7 - SLUSH	9 - OTHER/UNKNOWN				
9 - OTHER / UNKNO		IGHTING	5-311	ECI, HAIL	99 - UTHER	/ UNKNOWN			9 - OTHER/UNKNOW	/N				
NARRATIVE							14/11/11			Indicate the north				
UNIT 1 AND	LINIT 2	WER	F TRAN	/FI IN	G			i ii i	1 - <	direction with an "N" on the				
SOUTHBOU										compass diagram.				
									DIAG	RAM NOT				
SLOWED TO									TOS	CALE				
BUNNELL HI	LL ROA	AD AN	ID WAS	STR	UCK IN	BUNNE	LL							
THE REAR B	Y UNIT	1,				HILL I	30			-				
						- 1	1	[]						
							~ C							
								11						
									NST	RT 48				
						÷,   ,   ,		y (-4.1)						
CRASH REPORTED DATE		DI	SPATCH DATE / T	TME	ARI	RIVAL DATE / TIME		SCENE CLEARED	ATE / TIME	REPORT TAKEN BY				
1, 1, 3, 0, 2, 0, 1, 9,		1, 1, 3, 0			7 1 1 3 0			1,3,0,2,0,1,9	2 2 5 5	POLICE AGENCY MOTORIST				
TOTAL TIME OR INVESTI	OTHER IGATION TIME	TOTAL MINUTES	OFFICER'S			Сн		CER'S NAME*	/					
			ERIC D		BADGE NUMBER	*		BY OFFICER'S BADGE NUMBER*  SUPPLEMENT (CORRECTION DE ALEXTING REPORT SIGN TO GOES)						
0	3 0	0 5 5	3 1	L 2	_			, 2,8,						



							L,P,1,9,1	1,3,1	0,0,0,6,0,7,8			
UNIT #	OWNER NAME: LAST, FI	RST, MIDDLE ( SAME AS DRIVE	₹)	OWN	ER PHONE: INC	LUDE AREA CODE ( SAME AS DRIVER)						
24	ADDRESS: STREET, CITY, STA	TE, ZIP ( SAME AS DRIVER)					DAMAGE SCALE  1 - NONE 3 - FUNCTIONAL DAMAGE					
ywo							3 2- MINOR		4 - DISABLING DAMAGE			
COMME	RCIAL CARRIER: NAME, AD	DRESS, CITY, STATE, ZIP		Co	MMERCIAL GARRIER	PHONE: INCLUDE AREA CODE		9 - UNKNO				
	LICENSE PLATE #		LE IDENTIFICATION #	L. HANNEY	VEHICLE YE			DAMAGED A ICATE ALL T	RREA(S) THAT APPLY			
	J598851		2, E, 5, 1, C, 1, 2, 6, INSURANCE POLICY #	4,4,6	2 0 0		0.0		12			
U VERIE	FIED NONE	IFANT	INSURANCE PULICY #		GRAY	VEHICLE MODEL VALERO	10	2	10.			
СОММ	TYPE OF USE  GOVERNMENT	IN EMERGENCY	US DOT #	TOW	ED BY: COMPAN	Y NAME	1.4	١.				
-		#OCCUPANTS V	EHICLE WEIGHT GVWR/GCWR			JUS MATERIAL	1'- 11-11 -	1.	- 101 -			
DEVIC	RLOCK CE HIT/SKIP UN	IT	1 - ≤10K LBS. 2 - 10,001 - 26K LB		RELEASED	CLASS # PLACARD ID #		4				
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS	19 LIMO (LI	PLACARD (VERY VEHICLE)	22 DEDCETRIAN/CHATER	7 6	11 12	7 6 5			
0,1		8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE		PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	N # #3	N₂			
	3 - SPORT UTILITY VEHICLE E 4 - PICK UP	9 - AUTOCYCLE	14 - SINGLE UNITTRUCK	20 - OTHER V		25 - OTHER NON-MOTORIST	/-	-   1	<i>i</i> →.			
	5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	21 - HEAVY E 22 - ANIMAL	QUIPMENT WITH RIDER OR	26 - BICYCLE 27 - Train	9	h	-13			
ň	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-	-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP			4			
	# OF TRAILING UNITS	<u> </u>					12	7 - 1	5 12			
	WAS VEHICLE OPERATING IN A MODE WHEN CRASH OCCURRE		0 - NO AUTOMATION		ONAL AUTOMATION	9 - UNKNOWN	N N	2				
_ 2	1-YES 2-NO 9-OTHER/UNI	1 1	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	4 - HIGH AU 5 - FULL AU				<u>Ş</u>				
	1 - NONE	MODE LEVEL					9	3	9			
,0,1,	2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11 - FIRE 12 - MILITARY	16 - FARM 17 - MOWING		21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 / 100	4	Z 1 1 1 7			
SPECIAL	3 - ELECTRONIC RIDE SHARING		13-POLICE	18-SNOW RE	MOVAL		7		7			
FUNCTIO	N 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER 10 - Ambulance	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19-TOWING 20-SAFFTY	SERVICE PATROI		.6		6			
	1 - NO CARGO BODY TYPE		5 - INTERMODAL CONTAINER	8 - POLE	DENTIGETATION	12-CONCRETE MIXER		12	12 12			
O 1 CARGO	/ NOT APPLICABLE	MOTOR VEHICLE	CHASSIS	9 - CARGOTA	INK	13-AUTO TRANSPORTER	12 0 0	1				
BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10-FLAT BEI	D	14-GARBAGE/REFUSE	98483	9 Д⊅ з	9 7 3 9 9 3			
TYPE	1 7000		75	11-DUMP		99 - OTHER / UNKNOWN		4				
VEHICLE	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT	9 - MOTORTI 10 - DISABLE	ROUBLE D From Prior	99-OTHER/UNKNOWN	6	0				
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDEN	T		Na bassa	. r.o	6 6			
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/	CROSSING ISLAND	12-FIRST RESPONDER	. O DAMAGI	. [0]	-UNDERCARRIAGE [14]			
NON-MOTORIST	CROSSWALK  7 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	10 - DRIVEWA	VY ACCESS USE PATHS OR	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	☐-TOP (13)		- ALL AREAS (15)			
AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATIO		TRAILS	DOL PAINS OR		□-VI	IT NOT AT	SCENE L 16 J			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN		TING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	INIT	(AL POINT O	OF CONTACT			
_ 3	3-STRIKING 0 1	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	DDCAILL	G OR CROSSING Ed Location	19-STANDING	0 - NO DAM		14 - UNDERCARRIAGE			
ACTION	4- STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	ING 10-PARKED		, RUNNING, PLAYING	20 - OTHER NON-MOTORIST	1 2 1-12 - REFE		15 - VEHICLE NOT AT SCENE 99 - UNKNOWN			
	5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	INTERFECE			21 - STANDING OUTSIDE DISABLED VEHICLE	13 - TOP		77 - UNKNOWN			
	9 - OTHER / UNKNOWN	O MARRING EEF I TORRI	12 - DRIVERLESS	17 - PUSHING	VEHICLE	99 - OTHER / UNKNOWN		TRAFF	IC			
	1 - NONE	7 - LEFT OF CENTER	DADIJED DOGITICAL	17 - VISION OF		21 - LYING IN ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL			
.0.8.	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE	A PARKED POSITION  14-STOPPED OR PARKED	18-OPERATIF	NG DEFECTIVE INT	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY		1 - ROUNDABOUT 4 - STOP SIGN			
	4 DAN STOD SIGN	10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID		FTING/FALLING/	ROADWAY	2 2 - TWO-WAY	1 0 1	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CIRCUMSTANCES	5 - UNSAFE SPEED 6 - IMPROPER TURN	11 - DROVE OFF ROAD	16 - WRONG WAY	SPILLING 20 - IMPROPE		99 - OTHER IMPROPER ACTION	# of THROUGH LANES					
SEQUENCE	OF EVENTS	12 - IMPROPER BACKING					ON ROAD		AIL GRADE CROSSING  1 - NOT INVOLVED			
			NON-COLLISION				_2	1 1	2 - INVOLVED-ACTIVE CROSSING			
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF	16 - RAILWAY 17 - ANIMAL -		22 - WORK ZONE MAINTENANCE EQUIPMENT			3 - INVOLVED-PASSIVE CROSSING			
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TDAVE	18 - ANIMAL -		23 - STRUCK BY FALLING,	UNIT/N		ST DIRECTION			
	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 OTHER NOW COLLISION	19 - ANIMAL - 20 - MOTOR VE		SHIFTING CARGO OR Anything set in motion			1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	TRANSPO	RT	BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM1 TO	2	3 - EAST 7 - SOUTHEAST			
3		COLLISIO	N WITH FIXED OBJECT		NOTOR VEHICLE C K				4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB		50 - WORK ZONE MAINTENANCE EQUIPMENT						
	26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	44 - DITCH 45 - EMBANKA	MENT	51 - WALL	UNIT SPEED		DETECTED SPEED			
5]	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	SUPPORT	46-FENCE		52 - BUILDING 53 - TUNNEL	0 5 0		1 - STATED / ESTIMATED SPEED			
	28-BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBOX 4B - TREE		54 - OTHER FIXED OBJECT	DOCTED COSES	_	2 - CALCULATED / EDR 3 - UNDETERMINED			
	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	8ARRIER 36 - MEDIAN OTHER BARRIER	UB SIIDDUBT	49-FIRE HYD	RANT	99 - OTHER / UNKNOWN	POSTED SPEED		S STORIE DIMINED			
1	FIRST HARMFUL EVEN	4	APMEIII EVENT				5 5 5					

LOCAL REPORT NUMBER

1 MOST HARMFUL EVENT

5 5

OHIO DI	SEPURICISALEM MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
	2 V9VVV								L P	1,9,1,1,3	3,0,0,	0,6,0	7,8		
UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0 1	SETSER, ZACKERY, ALAN STREET, CITY, STATE, ZIP									0,3,/,1,5,/,1,9,9,1,2,8,M					
E				CONTACT PHONE - INCLUDE AREA CODE											
	4 WILLARD AVENUE, CARLISLE, OHIO 45005  RIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT									3 7 9 5			7 , 2		
5	TAKEN BY	CINS AGENCY (NAME)		INJURE	JIAKENI	3: MEDICAL PACILITY	(NAME, CITY)	USED 0 4	DOT-C	GMPLIANT SEATING POSITIONS ELMET 0 1	IN AIR BAG USA	AGE EJECTION	TRAPPED		
OL STATE	OPERATOR	LICENSE NUMBER		OFFE	NSE CHA	RGED	LOCAL	OFFENSE DESC				N NUMBER	<u> </u>		
OH	TP65926	61		4511			CODE		CLEAR DISTANCE 017473						
OL CLASS	ENDORSEMEN SELECT UP TO 2	T RESTRICTION SELEC		IVER STRACTED				CONDITION	STATUS	COHOL TEST		RUG TEST(S			
4 .			BY		ALCOHOL MARIJU					YPE VALUE		THE SECTION	SELECT UPTO 4		
UNIT#	NAMELLACT	, FIRST, MIDDLE	Щ		1 OTHER DRUG			11	1	1		1	1		
0 2		ETHAN, MICHAEL							n 1	DATE OF BIRTH  / 0 6 / 2	0 0 3	1 6	GENDER		
	: STREET, CITY, S									PHONE - INCLUDE AREA	-	ليت	L		
ADDRESS 474 MC INJURIES 5	CCLURE F	ROAD, LEBANON, O	HIO 450	036					_	1 3 4 6	2/	1 , 0 ,	0 , 7 ,		
INJURIES	INJURED	EMS AGENCY (NAME)		-	TAKENTO	: MEDICAL FACILITY	(NAME, CITY)		DOT-C	SEATING DOSITION					
5	TAKEN BY							USED 0 4	MC HE	LMET 0 1	1	1 1 1			
OL STATE	OPERATOR	LICENSE NUMBER		OFFEN	ISE CHA	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATION NUMBER				
OH	UY36714														
OL CLASS	SELECT UP TO 2	RESTRICTION SELEC	DIS	IVER STRACTED		OHOL / DRUG SUSPI		CONDITION	ALCOHOL TEST STATUS TYPE VALUE S		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
4		BY			1 OTHER DRUG			1 ,	1	1	1	1			
UNIT#	NAME: LAST,	FIRST, MIDDLE			_					DATE OF BIRTH		AGE	GENDER		
									( T T	9 / A - A - NC - 6	1 1 1		ļ. ,		
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
010															
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-CO	SEATING POSITIO	N AIR BAG USA	GE EJECTION	TRAPPED		
OL STATE	8Y OPERATOR (	TOTALE NUMBER		05554						LMET	1				
OF SIMIE	UPERATURE	LICENSE NUMBER		UFFEN	SE CHAI	RGED	CODE	OFFENSE DESC	RIPTION		CITATION	CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	TUPTO3 DRI	IVER	ER ALCOHOL / DRUG SUSPECTED			CONDITION		ALCOHOL TEST		DRUG TEST(S)			
	SELECT UPTO 2		DIS	TRACTED	RACTED -		ANAULIS		STATUS TYPE VALUE		STATUS TYPE RESULT SE		SELECT UP TO 4		
	NICC				0	THER DRUG		L DESCRIPTION OF THE PARTY OF T	L. L.	السلساها		11.1	الللا		
1 - FATAL	RIES	1-FRONT - LEFT SIDE	1 - NOT DEI	AIR BAG PLOYED		1-CLASS A		1-ALCOHOL INTER		1-NOT DISTRACTED		TEST STA	TUS		
2 - SUSPECTED S		(MOTORCYCLE DRIVER)  2 - FRONT – MIDDLE	2 - DEPLOYED FRONT 2-			2 - CLASS B		2 - CDL INTRASTATI		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	AN 2-TEST REFUSED				
3 - SUSPECTED I 4 - POSSIBLE IN.		3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE  4 - DEPLOYED BOTH FRONT / SIDE			3 - CLASS C 4 - REGULAR CLASS				ENSES DEVICE (TEXTING, TYPI DIALING)					
5 - NO APPARENT	T INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPLICABLE (OHIO = D)			5 - EXCEPT CLASS A	BUS 3-TALKING ON HANDS-FRE		(EE						
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9-DEPLOY	MENT UNKN	OWN	5 - M/C MOPED ONLY 6 - EXCEPT CLASS 6 - NO VALID OL & CLASS B BUS			1 ° 6	COMMUNICATION DEVI	UNKNOWN				
1 - NOT TRANSPO /TREATED AT		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	3	JECTION		OL ENDORSEN	MENT	7 - EXCEPT TRACTO	OR-TRAILER COMMUNICATION DEVICE		ALCOHOL TEST TYPE				
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJE		H - HAZMAT RESTRICTIONS			LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	1-1	1-NONE				
3 - POLICE 9 - OTHER / UNKN	NOWN	8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LLY EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PERI RESTRICTIONS	MIT	6 - PASSENGER 7 - OTHER DISTRACTION		2 - BLOOD 3 - URINE			
SAFETY EQ		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP			N-TANKER		10 - LIMITED TO DAY	YLIGHT ONLY INSIDE THE VEHICLE 4-BREATH				4.40		
1 - NONE USED	OUR WENT	11 - PASSENGER IN OTHER	T	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MOT	INDUVU E	11 - LIMITED TO EMP 12 - LIMITED - OTHE	ER THE VEHICLE						
2 - SHOULDER BE		ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRA			S - SCHOOL BUS	OKCICL	13 - MECHANICAL DE (SPECIAL BRAKE	evices 9-OTHER/UNKNOWN DRUGTEST				TYPE		
3 - LAP BELT ONL 4 - SHOULDER & I		12 - PASSENGER IN UNENCLOSED		2 - EXTRICATED BY T - DOUBLE & TRIPLE TRAIL MECHANICAL MEANS			RAILERS	CONTROLS, OR OT	THER	HER CONDITION		LOOD	118		
5 - CHILD RESTRAINT SYSTEM + FORWARD FACING 13 - TRAILING UNIT			3 - FREED B	IY Chanical M	EANS	X - TANKER / HAZMAT		14 - MILITARY VEHIC		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMEN		IRINE Ther	1		
6 - CHILD RESTRA	AINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						15 - MOTOR VEHICLE: AIR BRAKES	S WITHOUT	3 - EMOTIONAL (E.G., DEPRE ANGRY, DISTURBED)	SSED,	UG TEST RE	SULT(S)		
7 - BOOSTER SEA		15 - NON-MOTORIST						16 - OUTSIDE MIRROR		4- ILLNESS		MPHETAMINES			
8 - HELMET USE		99 - OTHER / UNKNOWN						17 - PROSTHETIC AID 18 - OTHER		5- FELL ASLEEP, FAINTED, FATIGUED, ETC		2 - BARBITURATES 3 - BENZODIAZEPINES			
9 - PROTECTIVE P	ES, ETC.)									6- UNDER THE INFLUENCE OF MEDICATIONS / DRU	4.0	ANNABINOIDS	115		
10 - REFLECTIVE O										/ALCOHOL 9- OTHER/UNKNOWN		OCAINE PIATES / OPIOIDS			
/ BICYCLE ONL	LY									/- UTILLY UNIVERSAL		THER			
99 - OTHER / UNKN	IUWN										8 - N	EGATIVE RESUL	TS		

DE OH	OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER					
w	TOTAL								L P 1 9 1 1 3 0 0 0 6 0 7 8					
UNIT	#	NAME: LAS	T, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER										
_ 2		SHROD	ER, PAIGE, ELIZ	ABETH	0,2,/,2,3,/,2,0,0,2,1,7,F									
ADDRI		STREET, CITY,		CONTACT PHONE - INCLUDE AREA CODE										
<u> </u>			DGE COURT, LE	5 1 3 5 9 2 0 7 9 7										
INJUR	- 11	INJURED TAKEN BY	EMS AGENCY (NAME)		DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED									
5	_				0_4	MC HELMET 0 3 0 1 1 1 1								
TINU	- 1		T, FIRST, MIDDLE					I	E OF BIRTH		AGE	GENDER		
2 MANQUEN, JENNA, LEE									9 / 2 0		1 7	F		
ADDRESS: STREET, CITY, STATE, ZIP  957 COBBLER COURT, LEBANON, OHIO 45036									CONTACT PHONE - INCLUDE AREA CODE  5					
		INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT							2 6	ATD BAC HEAGE	_	6 6		
5	- 11	TAKEN BY			THOUSE PARENTS. INCOME PAGE	ettr (HANL) ettr)	USED 0 1	DOT-COMPLIANT MC HELMET	0 4	0 5	1	1		
UNIT	#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
								AGE GENDER						
ADDRE	<b>SS</b> : S	TREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COD	DE.				
ADDRE									7 7 7	1 1	ř	ř i		
		NJURED AKEN	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	B	BY					Daco	MC HELMET		L.				
UNIT	#	NAME: LAST	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
ADDRE	: <b>SS</b> : S	TREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
E IN HIDT	ce l	NJURED	EMS Assure (NAME)		INTERPRETATION OF THE PROPERTY	,	T		1 1 1		1	1_1		
INJUNI	T	AKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: INTEDICAL FACIL	JRED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		INJU	RIES	SAFETY	' EQUIPMENT USED		SEATING POS	MC HELMET		AIR BAG US	AGE			
1 - FA	TAL	37		1 - NONE US			T - LEFT SIDE		1 - NOT DE		AGE	1131		
2 - SI	JSPE	CTED SE	RIOUS INJURY					ORCYCLE DRIVER)		2 - DEPLOYED FRONT				
3 - Sl	JSPE	CTED MI	NOR INJURY		R BELT ONLY USED	3 - DEPLOYED SIDE								
		BLE INJUI		3 - LAP BELT	R & LAP BELT USED	ND - LEFT SIDE		4 - DEPLOY			0.0			
5 - NO	) API	PARENT II	NJURY		:R & LAP BELL USED (MOTORCYCLE PASS :STRAINT SYSTEM 5 - SECOND - MIDDLE			5 - NOT APPLICABLE						
*			TAKEN BY	FORWARD	D FACING 6 - SECOND - RIGHT SIE			9 - DEPLOYMENT UNKNO			NOWN			
		RANSPORT		6 - CHILD RE	RESTRAINT SYSTEM - 7 - THIRD - LEF ACING (MOTORCYCL			CAR)		EJECTIO	N			
2 - EN				7 - BOOSTER	SEAT		D - MIDDLE		1 - NOT EJE					
3 - P0	LICE			8 - HELMET	USED	11RD – RIGHT SIDE .EEPER SECTION OF TRUCK (		2 - PARTIALLY EJECTED						
9 - 0T	HER	/ UNKNO	WN		EL DOWN PRIEES ETC.)			ER ENCLOSED	3 - TOTALLY EJECTED					
					IVE CLOTHING		O AREA (NON-TR ICK-UP WITH CAP		4 - NOT APPLICABLE			313		
					- PEDESTRIAN		ENGER IN UNE O AREA	NCLOSED	TRAPPED					
10				/ BICYCLE		ING UNIT		1 - NOT TRAPPED						
				99 - OTHER / U	INKNOWN		IG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS			AL		
						15 - NON-I	TRAILING UNIT) MOTORIST			BY NON-MECHANICAL				
						99 - OTHE	R / UNKNOWN		MEANS					
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GE							
ADDRES	S: ST	REET, CITY, S	TATE, 71P					CONTACT DHONE	INCLUDE AREA CORO		السلم			
ADDRESS: STREET, CITY, STATE, 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								
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ADDRES	S: STI	REET, CITY, ST	FATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
L. L.														