| OF PUBLIC SAFETY TRAFFIC CRASH   | REPORT *DENOTES M   | MANDATORY FIELD FOR SUPPLEM                                 | MENT REPORT  | ı,                                       | OCAL REPORT NUMBER                  | ^   |  |  |
|--|---|---|--|--|-------------------------------------|---|--|--|
| M PHOTOS TAKEN OH-2 OH-3   |   | 2 - 0 - 2 - 5 0 - 0 - 0 - 0 - 5 - 6 - 0 - 4                 |  |  |                                     |   |  |  |
| SECONDARY CRASH OH-1P OTHER  | REPORTING AGENCY NAME*  |   | NCIC*  | HIT/SKIP                                 | NUMBER OF UNITS                     | UNIT IN ERROR   |  |  |
| PRIVATE PROPERTY   | City of Kent Police   | e <u>0</u>  | 6703   | 1 - SOLVED L 2 - UNSOLVED                | 0_2_0                               | 2 98 - ANIMAL<br>99 - UNKNOWN   |  |  |
| 1-CITY   | , VILLAGE, TOWNSHIP*  |   |  | CRASH DATE / 1                           | 1.                                  | SH SEVERITY<br>FATAL  |  |  |
| 6,7 1 2-VILLAGE Kent   |   |   |  | 0   4   2   4   2   0   2   5            | <u>/ 1 1 1 8 4 2 . </u>             | SERIOUS INJURY  |  |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST   | LOCATION ROAD NAME  |   | ROAD TYPE  | LATITUDE DE                              | SUSPECTED<br>MINOR IN HIRV          |   |  |  |
|  | HORNING   |   | $\lfloor \mathbf{R}_{\perp} \mathbf{D}_{\rfloor}$  | 41,01,513,810,1                          |                                     |   |  |  |
| ₹ 2 - SOUTH  | REFERENCE ROAD NAME (ROAD   | I, MILEPOST, HOUSE #)                                       | ROAD TYPE  | LONGITUDE DE                             |                                     | INJURY POSSIBLE PROPERTY DAMAGE   |  |  |
| S R 59 4 - WEST  | MAIN  |   | $S \perp T$  | -8 <sub>1</sub> ,3 <sub>8</sub>          | 8,8,0                               | ONLY  |  |  |
| REFERENCE POINT DIRECTION  1-INTERSECTION FROM REFERENCE IR -  | ROUTE TYPE  | ROAD TYPE L - ALLEY HW- HIGHWAY                             | DD DOAD  |  | INTERSECTION RELATED                | Ŭ.  |  |  |
| 1 2-MILE POST 2-SOUTH US-  |   | L - ALLEY HW- HIGHWAY V - AVENUE LA - LANE                  | RD - ROAD<br>SQ - SQUARE   | X WITHIN INTE                            | RSECTION OR ON APPROA               | CH 3  |  |  |
| 3-HOUSE # 3-EAST 4-WEST SR-  | STATE ROUTE   | L - BOULEVARD MP - MILEPOST                                 | ST - STREET  | X WITHIN INTE                            | RCHANGE AREA NUM                    | BER OF APPROACHES   |  |  |
| DISTANCE DISTANCE CR-  | NUMBERED COUNTY ROUTE   | R - CIRCLE OV - OVAL T - COURT PK - PARKWAY                 | TE - TERRACE<br>TL - TRAIL   |  | ROADWAY                             |   |  |  |
| 2-FEET   | ROUTE   | R - DRIVE PI - PIKE   | WA - WAY   | ROADWAY DIV                              | IDED                                |   |  |  |
|  |   | E - HEIGHTS PL - PLACE                                      |  |  | T                                   | W   |  |  |
| 1 - ON ROADWAY 9 - CROSSOVER   | 1 - NOT   | NNER OF CRASH COLLISION/IMP<br>T COLLISION 4 - REAR-TO-REAR | States   | DIRECTION OF TRAVE                       |                                     | LUSH MEDIAN   |  |  |
| 2 - ON SHOULDER 10-DRIVEWAY/ 3 - IN MEDIAN 11-RAILWAY G  | TW  | TWEEN 5-BACKING NOTOR HICLESIN 6-ANGLE                      |  | 2 - SOUTH                                | (<4 FEET                            |   |  |  |
| 4 - ON ROADSIDE 12-SHARED US   | V L   | ANSPORT 7-SIDESWIPE, SAI                                    | ME DIRECTION   | 3 - EAST<br>4 - WEST                     | (≥4 FEET                            | )   |  |  |
| 5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE  | 2 - REA<br>3 - HEA  | AR-END 8 - SIDESWIPE, OP<br>AD-ON 9 - OTHER / UNKNO         | STATE OF THE PARTY |  |                                     | PEPRESSED MEDIAN RAISED MEDIAN  |  |  |
| 7 - ON RAMP 14-TOLL BOOTH  | 4   | ,                     | ****   |  | (ANY TYPE<br>9 - OTHER/UN           |   |  |  |
| 8-OFF RAMP 99-OTHER/UN   | 919/97/2010 (E.)  | T   |  | CONTOUR                                  | ,                                   |   |  |  |
| WORK ZONE RELATED  | WORK ZONE TYPE<br>LANE CLOSURE  | 1 - BEFORE THE 1ST  |  | CONTOUR 1                                | CONDITIONS 1                        | SURFACE 2   |  |  |
|  | LANE SHIFT/CROSSOVER  | WARNING SIGN<br>2 - ADVANCE WARNI                           | ING AREA   |  | 1 - DRY                             | 1 - CONCRETE  |  |  |
| LAW ENFORCEMENT PRESENT  | WORK ON SHOULDER<br>OR MEDIAN   | 3-TRANSITION ARE  |  | 2 - STRAIGHT GRADE                       | 2-WET                               | 2 - BLACKTOP,   |  |  |
|  | INTERMITTENT OR MOVING WORI<br>OTHER  | 4 - ACTIVITY AREA<br>5 - TERMINATION A                      | REA  | 3 - CURVE LEVEL 3 - SNOW BITUMIN ASPHALT |                                     |   |  |  |
|  |   |   |  | 4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOC   |                                     |   |  |  |
| LIGHT CONDITION  1 - DAYLIGHT  | 1 - CLEAR   | 6 - SNOW  |  | 9 - OTHER/UNKNOWN                        | 5 - SAND, MUD, DIRT,<br>OIL, GRAVEL | 4 - SLAG, GRAVEL,<br>STONE  |  |  |
| 2 - DAWN/DUSK<br>3 - DARK – LIGHTED ROADWAY  | 0 1 2-CLOUDY  | 7 - SEVERE CROSSWINDS                                       | T (11011   | 6 - WATER (STANDING, 5 - DIRT            |                                     |   |  |  |
| 4 - DARK – ROADWAY NOT LIGHTED   | 4 - RAIN  | ^^~ 마다 그 나는 사람이 되었다면서 아이를 하게 되었다.                           | G SAND, SOIL, DIRT, SNOW IG RAIN OR FREEZING DRIZZLE 7 - SLUSH 9-  |  |                                     |   |  |  |
| 5 - DARK – UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN   | 5 - SLEET, HAIL   | 99 - OTHER / UNKNOWN  |  |  | 9 - OTHER/UNKNOWN                   |   |  |  |
| NARRATIVE  |   |   |  |  |                                     | * "   |  |  |
|  |   | ł   |  |  | A                                   | Indicate the north direction with   |  |  |
| UNIT ONE WAS ON ELECTRI  |   | - 1   |  |  |                                     |   |  |  |
|  | C SCOOTER   |   |  |  | 4                                   | an "N" on the compass diagram.  |  |  |
| EASTBOUND IN CROSSWAL  |   | то  |  |  |                                     | √ an "N" on the   |  |  |
| EASTBOUND IN CROSSWAL<br>CROSS HORNING RD. UNIT  | K WITH SIGNAL   | 1   |  |  |                                     | √ an "N" on the   |  |  |
| CROSS HORNING RD. UNIT   | LK WITH SIGNAL'<br>TWO WAS STOPP  | 1   |  |  |                                     | √ an "N" on the   |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HO  | K WITH SIGNAL' TWO WAS STOPP RNING RD. AT E.  | PED   |  |  |                                     | √ an "N" on the   |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HOR MAIN ST. UNIT TWO START   | K WITH SIGNAL' TWO WAS STOPP RNING RD. AT E. ED TO TURN EAS   | PED   |  |  |                                     | I an "N" on the   |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HO  | K WITH SIGNAL' TWO WAS STOPP RNING RD. AT E. ED TO TURN EAS   | PED   |  |  |                                     | I an "N" on the   |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HOR MAIN ST. UNIT TWO START   | K WITH SIGNAL TWO WAS STOPP RNING RD. AT E. ED TO TURN EAST   | PED   |  | UNITY                                    |                                     | an "N" on the compass diagram.  |  |  |
| CROSS HORNING RD. UNIT<br>AT THE RED LIGHT ON HOI<br>MAIN ST. UNIT TWO START<br>ONTO E. MAIN ST. AND STR   | K WITH SIGNAL TWO WAS STOPP RNING RD. AT E. ED TO TURN EAST   | PED   |  | UNITS                                    | ONE E.?MAIN?                        | an "N" on the compass diagram.  |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HOR MAIN ST. UNIT TWO START ONTO E. MAIN ST. AND STR SCOOTER IN THE CROSSWA   | K WITH SIGNAL TWO WAS STOPP RNING RD. AT E. ED TO TURN EAST   | PED   |  | UNIT?                                    | ONE E.?MAIN?                        | an "N" on the compass diagram.  |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HOR MAIN ST. UNIT TWO START ONTO E. MAIN ST. AND STR SCOOTER IN THE CROSSWA   | K WITH SIGNAL TWO WAS STOPP RNING RD. AT E. ED TO TURN EAST   | PED   |  | UNITY                                    | E. AMAIN?                           | an "N" on the compass diagram.  |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HOR MAIN ST. UNIT TWO START ONTO E. MAIN ST. AND STR SCOOTER IN THE CROSSWA   | K WITH SIGNAL TWO WAS STOPP RNING RD. AT E. ED TO TURN EAST   | PED   | U  |  | E. AMAIN A                          | an "N" on the compass diagram.  |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HOR MAIN ST. UNIT TWO START ONTO E. MAIN ST. AND STR SCOOTER IN THE CROSSWA INJURY TO OPERATOR.   | K WITH SIGNAL' TWO WAS STOPP RNING RD. AT E. ED TO TURN EAS' UCK THE ALK, CAUSING   | PED<br>T  | Not  | To Scale                                 | HORNING?RD.                         | an "N" on the compass diagram.  |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HOI MAIN ST. UNIT TWO START ONTO E. MAIN ST. AND STR SCOOTER IN THE CROSSW. INJURY TO OPERATOR.   | TWO WAS STOPP RNING RD. AT E. ED TO TURN EAS UCK THE ALK, CAUSING   | PED T  ARRIVAL DATE / TIM                                   | Not  | To Scale  SCENE CLEARED I                | HORNING?RD.                         | an "N" on the compass diagram.  ST.   |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HOL MAIN ST. UNIT TWO START ONTO E. MAIN ST. AND STR SCOOTER IN THE CROSSW. INJURY TO OPERATOR.  CRASH REPORTED DATE / TIME  [0,4,2,4,2,0,2,5, / ,1,1,1,1,8, ,0,4,2,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4 | TWO WAS STOPP RNING RD. AT E. ED TO TURN EAS UCK THE ALK, CAUSING   | ARRIVAL DATE / TIM    0,4,2,4,2,0,2,5,/,1                   | Not  E 1,1,2,4,0   | TO Scale  SCENE CLEARED 1  4,2,4,2,0,2,5 | HORNING?RD.                         | an "N" on the compass diagram.  ST.   |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HOI MAIN ST. UNIT TWO START ONTO E. MAIN ST. AND STR SCOOTER IN THE CROSSW. INJURY TO OPERATOR.   | TWO WAS STOPP RNING RD. AT E. ED TO TURN EAS UCK THE ALK, CAUSING   | ARRIVAL DATE / TIM    0,4,2,4,2,0,2,5,/,1                   | Not  E 1,1,2,4,0 CHECKED BY OFFIC  | SCENE CLEARED 14,2,4,2,0,2,5 CER'S NAME* | HORNING?RD.                         | an "N" on the compass diagram.  ST.  EPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT |  |  |
| CROSS HORNING RD. UNIT AT THE RED LIGHT ON HOL MAIN ST. UNIT TWO START ONTO E. MAIN ST. AND STR SCOOTER IN THE CROSSW. INJURY TO OPERATOR.  CRASH REPORTED DATE / TIME  OLA 12 14 12 0 12 5 / 1 1 1 1 8 0 4 2  TOTAL TIME  OTHER  TOTAL          | TWO WAS STOPP RNING RD. AT E. ED TO TURN EAS' UCK THE ALK, CAUSING  DISPATCH DATE / TIME  4   2   0   2   5   /   1   1   1   9    L OFFICER'S NAME*  MCNUITY, SAMS  OFFICER'S BA | ARRIVAL DATE / TIM    0,4,2,4,2,0,2,5,/,1                   | Not  E 1 1 2 4 0  CHECKED BY OFFIC  Kunka, L   | TO Scale  SCENE CLEARED 1  4,2,4,2,0,2,5 | HORNING?RD.  DATE/TIME  S./.1.1.5.3 | an "N" on the compass diagram.  ST.  EPORT TAKEN BY POLICE AGENCY MOTORIST            |  |  |

HSY7001 OH1 1/19 [760-0820] PAGE **1** 0F **4** 

LOCAL REPORT NUMBER

2,0,2,5,-,0,0,0,0,5,6,0,4

| UNIT#  | OWNER NAME: LAST, FIRS                                  | T MIDDLE / CAME AS DOLLE                          | 2)                                     | OWNE                                    | D DUONE. INC.                       | HAT IN   | EL CORE A CORUETA DE DEDUCEDO               |   | D.4          | MAGE   |  |  |  |
|--|---|---|--|---|-------------------------------------|--|---|---|--------------|--|--|--|--|
| 4  | 0 1 1   |   |  |   |                                     | OWNER PHONE: INCLUDE AREA CODE ( SAME AS DRIVER) |   |   | DAMAGE SCALE |  |  |  |  |
| OWNER A  |   |   |  |   | 1 - NONE 3 - FUNCTIONAL DAMAGE      |  |   |   |              |  |  |  |  |
|  |   | <del></del>                                       |  | 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE |                                     |  |   |   |              |  |  |  |  |
| COMMER   | Сом   | MERCIAL CARRIER                                   | PH0                                    | NE: INCLUDE AREA CODE                   | 9 - UNKNOWN                         |  |   |   |              |  |  |  |  |
|  |   |   | LL                                     | 111                                     | _1_                                 |  |   |   | ED AREA(S)   |  |  |  |  |
| LP STATE   | LICENSE PLATE #   | VEHIC   | LE IDENTIFICATION #                    |   | VEHICLE YE                          | AR   | VEHICLE MAKE                                | IND                                       | ICATE        | ALL THAT APPLY   |  |  |  |
| لللا   |   |   | <del></del>                            | TT.                                     | تبيت                                | _  |   | 11 12 1                                   |              | 11 12 1  |  |  |  |
| INSURA VERIFI  |   | ANY   | INSURANCE POLICY #                     |   | COLOR                               |  | VEHICLE MODEL                               | 12  |              | 12   |  |  |  |
| VEKIF  | TYPE OF USE   |   | US DOT #                               | TOWE                                    | D DV. COMPAN                        | IV NIA!  | ur.   | 10 11 1                                   | 7            | 10 11 1  |  |  |  |
| Псомме   |   | IN EMERGENCY                                      | 03 001 #                               | IOWE                                    | TOWED BY: COMPANY                   |  | VIE.  | 9 9 3                                     | 3            | 9 9 3  |  |  |  |
| Пости  |   | RESPONSE  | /EHICLE WEIGHT GVWR/GCWR               | ,                                       |                                     |  | MATERIAL                                    | 8 4 -                                     | -/           | - 3 4 -  |  |  |  |
| INTER  | LOCK HIT/SKIP UNI                                       | #UCCUPANTS  | 1 - ≤10K LBS.                          |   | MATERIAL<br>RELEASED                | CLAS   | S # PLACARD ID #                            | 8 7 5                                     | 4            | 8 7 5 4  |  |  |  |
| EQUIP  | PED -   |   | 2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |   | PLACARD                             |  |   | 7 6 5                                     |              | 12 7 5   |  |  |  |
|  | 1 - PASSENGER CAR                                       | 7 - MOTORCYCLE 2-WHEELED                          | 12-GOLF CART                           | 18-LIMO (LIV                            | ERY VEHICLE)                        | 23 -   | PEDESTRIAN / SKATER                         | 6   | "            | 12 6   |  |  |  |
| 2,5  |   | 8 - MOTORCYCLE 3-WHEELED                          |  | 19-BUS (16+                             |                                     |  | WHEELCHAIR (ANYTYPE)                        | 10/                                       | 11           | 1 2  |  |  |  |
| UNIT TYPE  | 3 - SPORT UTILITY VEHICLE                               | 9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED          |  | 20 - OTHER VE                           |                                     |  | OTHER NON-MOTORIST                          |   | 10           | 2 3  |  |  |  |
|  | 5 - CARGO VAN   | BICYCLE   |  | 21 - HEAVY EQ<br>22 - ANIMAL V          | VITH RIDER OR                       |  | BICYCLE<br>TRAIN                            | -   | 8            | <b>n</b> 4   |  |  |  |
|  | 6 - VAN (9-15 SEATS)                                    | 11 - ALL TERRAIN VEHICLE                          | 17 - MOTORHOME                         |   | RAWN VEHICLE                        |  | UNKNOWN OR HIT/SKIP                         | 8   | 7            | 5 /4   |  |  |  |
| т г  | # OF TRAILING UNITS                                     | (ATV/UTV)   |  |   |                                     |  |   | 12  | 7            | 5 12   |  |  |  |
|  |   | TONOMO::-   | O NO AUTOMATION                        | A AAND                                  | UAL ADMANAGES                       | ^  | UNIZNOVAN                                   | 11 12 1                                   |              | 6 11 12 1  |  |  |  |
|  | WAS VEHICLE OPERATING IN AU  MODE WHEN CRASH OCCURRED   |   |  | 4 - HIGH AUT                            | NAL AUTOMATION<br>OMATION           | 9-1  | UNKNOWN                                     | 10 11 1                                   | 2            | 10 11 1 2  |  |  |  |
|  | 1-YES 2-NO 9-OTHER/UNK                                  | NOWN AUTONOMOU                                    | 3 DADTIAL AUTOMATION                   | 5 - FULL AUTOMATION                     |                                     |  |   | 10 2 -                                    | -            | 10 2   |  |  |  |
|  |   | MODE LEVE   | Ľ .                                    |   |                                     |  |   | 9 3                                       | 3            | 9 3  |  |  |  |
|  | 1 - NONE  | 6 - BUS - CHARTER/TOUR                            |  | 16-FARM                                 |                                     |  | MAIL CARRIER                                | 7 5                                       | 7.           | 7 5 7  |  |  |  |
| للا  | 2 - TAXI<br>3 - ELECTRONIC RIDE SHARING                 | 7 - BUS - INTERCITY                               |  |   | .7 - MOWING<br>.8 - SNOW REMOVAL    |  | OTHER / UNKNOWN                             | 6   |              | 8 6  |  |  |  |
| SPECIAL  | 4 - SCHOOL TRANSPORT                                    | 9 - BUS - OTHER                                   |  | 19-TOWING                               |                                     |  |   | 7 6 5                                     |              | 7 6 5  |  |  |  |
| T GILGITON   | 5 - BUS - TRANSIT/COMMUTER                              | 15 - CONSTRUCTION EQUIPMENT                       |  |   |                                     |  |   | 12  | 12 12        |  |  |  |  |
|  | 1 - NO CARGO BODY TYPE                                  | R 5 - INTERMODAL CONTAINER                        | 5 - INTERMODAL CONTAINER 8 - POLE      |   |                                     | CONCRETE MIXER                                   | 42  | 1   | •            |  |  |  |  |
| CARCO  | / NOT APPLICABLE  | MOTOR VEHICLE                                     |  | 9 - CARGO TAI                           | NK                                  | 13-  | AUTO TRANSPORTER                            | 9 9                                       | *            |  |  |  |  |
| CARGO<br>BODY  | 2 - BUS   | 4 - LOGGING                                       | 7 COALMICUTOCICDAVE                    | 10-FLAT BED                             |                                     |  | GARBAGE/REFUSE                              | of the                                    | 9            | ₽ 3 9 <b>1</b> 1 3 9 <b>3</b> 3                            |  |  |  |
| TYPE   |   |   | 7 - GRAIN/CHIPS/GRAVEL                 | 11-DUMP                                 |                                     | 99-  | OTHER / UNKNOWN                             |   | ٩,           | <b>⊙</b>   |  |  |  |
|  | 1 - TURN SIGNALS  | 4 - BRAKES  |  | 9 - MOTORTR                             |                                     | 99-  | OTHER / UNKNOWN                             | 6   |              | <b>□</b>   |  |  |  |
|  | 2 - HEAD LAMPS<br>3 - TAIL LAMPS                        | 5 - STEERING<br>6 - TIRE BLOWOUT                  | 8 - TRAILER EQUIPMENT<br>DEFECTIVE     | 10 - DISABLED ACCIDENT                  |                                     |  |   |   | 6            | 6 6  |  |  |  |
| DEFECTS  | 3 - TAIL LAMPS  | 6 - TIKE BLUWOUT                                  |  | 3 000000000                             |                                     |  |   | - NO DAMAGI                               | <b>E</b> [0] | - UNDERCARRIAGE [ 14 ]                                     |  |  |  |
| 0.1  | 1 - INTERSECTION - MARKED<br>CROSSWALK                  |   |  |   | - MEDIAN/CROSSING ISLAND            |  | FIRST RESPONDER                             |   |              |  |  |  |  |
|  | N.MOTODIST & INTERCECTION HAMADUED COOCCUALY            |   |  |   |                                     |  | AT INCIDENT SCENE<br>OTHER / UNKNOWN        | ☐-TOP [13]                                |              | -ALL AREAS [15]  |  |  |  |
| LOCATION<br>AT IMPACT                                      | CROSSWALK   | 5 -TRAVEL LANE - OTHER LOCAT                      |  | 11 - SHARED USE PATHS OR<br>TRAILS      |                                     |  | ornen omnoun                                | □-U                                       | NIT NO       | TAT SCENE [16]   |  |  |  |
| AT IMPAGE  | 1 - NON-CONTACT   | 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13           |  |   | ING A CURVE                         | 18-  | APPROACHING                                 |   |              |  |  |  |  |
|  | 2 - NON-COLLISION                                       | 2 - BACKING                                       |  |   | G OR CROSSING                       |  | OR LEAVING VEHICLE                          |   |              | INT OF CONTACT   |  |  |  |
|  | 4 3-STRIKING 14 3-CHANGING LANES 9-LEAVING TRAFFIC LANE |   |  | SPECIFIED LOCATION                      |                                     |  | STANDING                                    | 0 - NO DAM<br>0 - 3   1-12 - REFE         |              | 14 - UNDERCARRIAGE INIT 15 - VEHICLE NOT AT SCENE          |  |  |  |
| ACTION   | 4 - STRUCK PRE-CRASH ACTIONS                            | 4 - OVERTAKING/PASSING                            | 10-PARKED                              | 15 - WALKING,<br>JOGGING,               |                                     |  | OTHER NON-MOTORIST<br>STANDING OUTSIDE      | DIAG                                      |              | 99 - UNKNOWN   |  |  |  |
|  | 5 - BOTH STRIKING ACTIONS<br>& STRUCK                   | 5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN     | 11 - SLOWING OR STOPPED<br>IN TRAFFIC  | 16-WORKING                              |                                     |  | DISABLED VEHICLE                            | 13 - TOP                                  |              |  |  |  |  |
|  | 9 - OTHER / UNKNOWN                                     | 0 - MARING LEFT TORN                              |  | 17 BUGUINGW                             |                                     |  | OTHER / UNKNOWN                             |   | TR           | AFFIC  |  |  |  |
|  | 1 - NONE  | 7 - LEFT OF CENTER                                |  | 17 - VISION OF                          | STRUCTION                           | 21 -   | LYING IN ROADWAY                            | TRAFFICWAY FLOW                           |              | TRAFFIC CONTROL  |  |  |  |
| 9000 DOM   | 2 - FAILURE TO YIELD                                    | 8 - FOLLOWING TOO CLOSE / AC                      | CDA PARKED POSITION                    | 18-OPERATIN                             | IG DEFECTIVE                        | 22 -   | NOT DISCERNIBLE                             | 1 - ONE-WAY                               |              | 1 - ROUNDABOUT 4 - STOP SIGN                               |  |  |  |
| $\lfloor 0 \rfloor 1$                                      | 3 - RAN RED LIGHT                                       | 9 - IMPROPER LANE CHANGE                          | 14-STOPPED OR PARKED<br>ILLEGALLY      | EQUIPME<br>19.10AD SHI                  | NT<br>FTING/FALLING/                |  | OPENING DOOR INTO<br>ROADWAY                | 2 - TWO-WAY                               | 1 3          | 2 - SIGNAL 5 - YIELD SIGN                                  |  |  |  |
| CONTRIBUTING   | 4 - RAN STOP SIGN                                       | 10-IMPROPER PASSING<br>11-DROVE OFF ROAD          | 15 - SWERVING TO AVOID                 | SPILLING                                |                                     |  | OTHER IMPROPER ACTION                       |   |              | 3 - FLASHER 6 - NO CONTROL                                 |  |  |  |
| CIRCUMSTANCE   | 5 - UNSAFE SPEED<br>6 - IMPROPER TURN                   | 12 - IMPROPER BACKING                             | 16 - WRONG WAY                         | 20 - IMPROPE                            | R CROSSING                          |  |   | # of THROUGH LANES                        |              | RAIL GRADE CROSSING  |  |  |  |
| SEQUENCE   | OF EVENTS   | sen t ramages (*1777,275,577,575,77               |  |   |                                     |  |   | ON ROAD                                   | 120          | 1 - NOT INVOLVED   |  |  |  |
|  |   |   | NON-COLLISION                          |   |                                     | 0220   |   |   |              | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |  |  |  |
| $_{1}$ $_{2}$ $_{1}$ $_{0}$                                | 1 - OVERTURN/ROLLOVER                                   | 6 - EQUIPMENT FAILURE                             | ADDANIES DIDENTIALIAS                  | 16 - RAILWAY                            |                                     |  | WORK ZONE MAINTENANCE<br>EQUIPMENT          |   | 177          | J - INTOLYEUT MOSTIVE GROSSING                             |  |  |  |
|  | 2 - FIRE/EXPLOSION<br>3 - IMMERSION                     | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT | TRAVEL                                 |   | - ANIMAL — FARM<br>- ANIMAL — DEER  |  | STRUCK BY FALLING,                          | UNIT / N                                  | ION-MO       | DTORIST DIRECTION  |  |  |  |
| 2  | 4 - JACKKNIFE   | - RAN OFF ROAD LEFT 12 - DOWNHILL RUNAWAY 14      |  | 19-ANIMAL -                             | - OTHER                             |  | SHIFTING CARGO OR<br>ANYTHING SET IN MOTION |   |              | 1 - NORTH 5 - NORTHEAST                                    |  |  |  |
|  | 5 - CARGO / EQUIPMENT                                   | 10-CROSS MEDIAN                                   | 13-UTHER NUN-CULLISION 20              |   | HICLE IN                            |  | BY A MOTOR VEHICLE                          | FROM 4 TO                                 | . 3          | 2 - SOUTH 6 - NORTHWEST 1 3 - EAST 7 - SOUTHEAST           |  |  |  |
| 3  | LOSS OR SHIFT   |   |  |   | TRANSPORT  1 - PARKED MOTOR VEHICLE |  | OTHER MOVABLE OBJECT                        | FRUM 10                                   |              | 4 - WEST 8 - SOUTHWEST                                     |  |  |  |
|  | OF IMPACT ATTENUATES                                    | COLLISION WITH FIXED OBJECT -                     |  |   |                                     |  | NIODIZ TONE MATRICENANCE                    | e)  |              | 9 - OTHER / UNKNOWN  |  |  |  |
| 4  | 25 - IMPACT ATTENUATOR<br>/ CRASH CUSHION               | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER       |  | 43 - CURB<br>44 - DITCH                 |                                     |  | WORK ZONE MAINTENANCE<br>EQUIPMENT          | UNIT SPEED                                | 1            | DETECTED SPEED   |  |  |  |
|  | 26 - BRIDGE OVERHEAD                                    | 33 - MEDIAN CABLE BARRIER                         | 39-LIGHT/LUMINARIES                    | 45 - EMBANKMENT                         |                                     |  | WALL  | 141.0s 1000.0 000.0s                      |              | 1 - STATED / ESTIMATED SPEED                               |  |  |  |
| 5  | STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT               | 34 - MEDIAN GUARDRAIL<br>BARRIER                  | 40 HTH ITY DOLF                        | 46-FENCE                                |                                     |  | BUILDING<br>TUNNEL                          | $\begin{bmatrix} 0 & 1 & 0 \end{bmatrix}$ |              | 2 - CALCULATED / EDR                                       |  |  |  |
|  | 28 - BRIDGE PARAPET                                     | 35 - MEDIAN CONCRETE                              | 41 - OTHER POST, POLE                  | 47 - MAILBOX<br>48 - TREE               |                                     |  | OTHER FIXED OBJECT                          | DOCTED COSES                              | -            | 3 - UNDETERMINED   |  |  |  |
| 6  | 29 - BRIDGE RAIL  | BARRIER   | OR SUPPORT                             | 49-FIRE HYD                             | RANT                                | 99 -   | OTHER / UNKNOWN                             | POSTED SPEED                              |              | 2 - OHDE LEMMINED  |  |  |  |
| 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT |   |   |  |   |                                     |  |   | 3 5                                       |              |  |  |  |  |
|  | FIRST HARMFUL EVEN                                      | T MOST  | HARMFUL EVENT                          |   |                                     |  |   |   |              |  |  |  |  |

LOCAL REPORT NUMBER

| $\sim$                       | O IVII   |   | 2 + 0 + 2 + 5 + - + 0 + 0 + 0 + 0 + 5 + 6 + 0 + 4  |   |   |   |   |  |  |  |  |  |
|------------------------------|--|---|--|---|---|---|---|--|--|--|--|--|
| UNIT #                       | OWNER NAME: LAST, FIRE<br>HEFFERNAN  | ST, MIDDLE (X SAME AS DRIVER)   | HN   | REDACTED PE   | R ORC 149.43(A)(1)  | n   | DAMAGE AMAGE SCALE  |  |  |  |  |  |
| OWNER AT                     | DDRESS: STREET, CITY, STATE  | , ZIP (X SAME AS DRIVER)  | 1 - NONE 3 - FUNCTIONAL DAMAGE   |   |   |   |   |  |  |  |  |  |
|                              | MARTENEY A   |   | 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN  |   |   |   |   |  |  |  |  |  |
| JOHNHERO                     | THE CARRIER. HAME, ADD   | 1200,0111,01012,211   |  | LI LI   | PHONE: INCLUDE AREA CODE  | DAMAGED AREA(S)   |   |  |  |  |  |  |
|                              | LICENSE PLATE # EXJ7860  | $J_{\perp}MB_{\perp}K_{\perp}E_{\perp}4_{\perp}D$   | DENTIFICATION # $\mathbf{Y}_12_1\mathbf{G}0_17_14_17_1$  | 1,3,4, VEHICLE YEAR   | 6 Mazda   | INDICA  | TE ALL THAT APPLY   |  |  |  |  |  |
| X INSURAL VERIFI             | NCE INSURANCE COMP<br>ED PROGRES   |   | SURANCE POLICY #   | GRY   | CX5   | 10 12 12 2  | 10 12   |  |  |  |  |  |
| COMME                        | TYPE OF USE  | IN EMERGENCY RESPONSE   | US DOT #   | TOWED BY: COMPANY   | NAME  | 9 9 9 3   | 10 2 9 3  |  |  |  |  |  |
| INTERI<br>DEVICE<br>EQUIP    | LOCK<br>E<br>PED HIT/SKIP UNI  | #OCCUPANTS VEH  | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  | MATERIAL (  | US MATERIAL<br>CLASS # PLACARD ID #   | 8 7 6 5   | 8 7 5 6   |  |  |  |  |  |
| 01<br>UNIT TYPE              | 3 - SPORT UTILITY VEHICLE  | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPEO OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)            | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR                             | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE     | 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (AILY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP         | 10 9 8  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |  |  |  |  |
|                              | WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED  1-YES 2-NO 9-CTHER/UNK   | 99  | 1 - DRIVER ASSISTANCE  | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION  | 9 - UNKNOWN   | 10 12 1<br>10 12 1<br>9 9 3 3                                   | 6 11 12 1<br>10 11 12 1<br>10 2 9 3 3   |  |  |  |  |  |
|                              | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSITICOMMUTER  | 9 - BUS - OTHER   | 12 - MILITARY<br>13 - POLICE   | 16-FARM<br>17-MOWING<br>18-SNOW REMOVAL<br>19-TOWING<br>20-SAFETY SERVICE PATROL  | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   | 7 6 5   | 8 7 6 5   |  |  |  |  |  |
| O 1<br>CARGO<br>BODY<br>TYPE | 1 - NO CARGO BODYTYPE<br>/NOTAPPLICABLE<br>2 - BUS   | LICABLE NOTORVEHICLE CHASSIS  |  | 8 - POLE<br>9 - CARGOTANK<br>10 - FLAT BED<br>11 - DUMP   | 12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN   | 9 3 9   | 12 12 12  |  |  |  |  |  |
|                              |  |   | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR<br>ACCIDENT  | 99 - OTHER / UNKNOWN  | 6   | 6 6 6   |   |  |  |  |  |  |
| NON-MOTORIST<br>LOCATION     | 1 - INTERSECTION - MARKED<br>CROSSWALK<br>2 - INTERSECTION - UNMARKED<br>CROSSWALK   | -INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE CROSSWALK 4 - NIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE CROSSWALK 8 - SIDEWALK |  | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR<br>TRAILS  | 12 - FIRST RESPONDER<br>AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   | □-NO DAMAGE [ □-TOP [13]  | O] -UNDERCARRIAGE [14] -ALL AREAS [15]  NOTAT SCENE [16]  |  |  |  |  |  |
| 3                            | 1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING ACTIONS & STRUCK 9-OTHER / UNKNOWN   | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING   | 8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED<br>INTRAFFIC | 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN | INITIAI<br>0 - NO DAMAG   | . POINT OF CONTACT E 14 - UNDERCARRIAGE TO UNIT 15 - VEHICLE NOT AT SCENE   |  |  |  |  |  |
| 0_2                          | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPERTURN  | 7-LEFT OF CENTER 8-FOLLOWING TOO CLOSE / ACDA 9-IMPROPER LANE CHANGE 10-IMPROPER PASSING 11-DROVE OFF ROAD 12-IMPROPER BACKING                  | PARKED POSITION  14-STOPPED OR PARKED ILLEGALLY  15-SWERVING TO AVOID  | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/<br>SPILLING<br>20 - IMPROPER CROSSING           | 21 -LYING IN ROADWAY 22 -NOT DISCERNIBLE 23 -OPENING DOOR INTO ROADWAY 99 -OTHER IMPROPER ACTION                                      | TRAFFICWAY FLOW  1 - ONE-WAY  2 2 - TWO-WAY  # OF THROUGH LANES | TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN  2 - SIGNAL 5 - YIELD SIGN  3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING         |  |  |  |  |  |
| SEQUENCE                     | OF EVENTS  | 12-IMPROPER DACKING   |  | to Commission Audit St. Audit St. P. P. P. Son Blood Ph. Missel Policy And Color  |   | ON ROAD   | 1 - NOT INVOLVED  |  |  |  |  |  |
|                              | 1 - OVERTURNIROLLOVER<br>2 - FIRE/EXPLOSION  | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS  | OPPOSITE DIRECTION OF  | 16-RAILWAY VEHICLE<br>17-ANIMAL — FARM  | 22 - WORK ZONE MAINTENANCE<br>EQUIPMENT   | 2   | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING  |  |  |  |  |  |
| 2                            | 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT  |   | 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE N WITH FIXED OBJECT                   |   | 23 - STRUCK BY FALLING,<br>SHIFTING CARGOOR<br>ANYTHING SET IN MOTION<br>BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT              | FROM 2 TO   | 1 - NORTH   5 - NORTHEAST   2 - SOUTH   6 - NORTHEAST   3 - EAST   7 - SOUTHEAST   4 - WEST   8 - SOUTHWEST   9 - OTHER / UNKNOWN |  |  |  |  |  |
|                              | 25-IMPACT ATTEMUATOR<br>/CRASH CUSHION<br>26-BRIDGE OVERHEAD<br>STRUCTURE<br>27-BRIDGE PIER ORABUTMENT<br>28-BRIDGE PARAPET<br>29-BRIDGE PARAPET<br>29-BRIDGE RAIL | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 5 - MEDIAN CONCRETE BARRIER                    | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES<br>SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE  | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE   | 50 - WORK ZONE MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT                       | UNIT SPEED  0 0 5  POSTED SPEED                                 | DETECTED SPEED  1 - STATED / ESTIMATED SPEED  2 - CALCULATED / EDR  3 - UNDETERMINED  |  |  |  |  |  |
| 1                            | 30-GUARDRAIL FACE  | 36 - MEDIAN OTHER BARRIER   | 42 - CULVERT   | 49-FIRE HYDRANT   | 99-OTHER / UNKNOWN  | 3 5   |   |  |  |  |  |  |

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

| OFF DEPARTMENT MOTORIST / NON-MOTORIST           |  |  |                       |                                     |                         |                                       |                                     | LOCAL REPORT NUMBER                 |   |   |                               |                                    |                          |               |  |  |
|--|--|--|-----------------------|-------------------------------------|-------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|---|-------------------------------|------------------------------------|--------------------------|---------------|--|--|
| - MANIMAN INTO INTO INTO INTO INTO INTO INTO INT |  |  |                       |                                     |                         |                                       |                                     |                                     | 2 + 0 + 2 + 5 + - + 0 + 0 + 0 + 0 + 5 + 6 + 0 + 4               |   |                               |                                    |                          |               |  |  |
| UNIT#  |  |  |                       |                                     |                         |                                       |                                     |                                     |   | DATE OF BIRTH AGE GENDER                      |                               |                                    |                          |               |  |  |
|  |  |  |                       |                                     |                         |                                       |                                     |                                     |   | 1,2,1,5,2,0,0,4,2,0, M                        |                               |                                    |                          |               |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                |  |  |                       |                                     |                         |                                       |                                     |                                     | CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1) |   |                               |                                    |                          |               |  |  |
| 0  | 1835 ASHTON LN ,Franklin Twp ,OH 44240 INJURIES INJURED   EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT   |  |                       |                                     |                         |                                       |                                     |                                     |   |   |                               |                                    |                          | . , , , ,     |  |  |
| INJURIES   | TAKEN USED USED  |  |                       |                                     |                         |                                       |                                     |                                     | T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPE  |   |                               |                                    |                          |               |  |  |
| OLSTATE  |  | LICENSE NUMBER                                     |                       |                                     |                         |                                       |                                     | OFFENSE DESC                        |   | CITA  | CITATION NUMBER               |                                    |                          |               |  |  |
| ORIS   | or zmaron  |  |                       | 011211                              |                         |                                       | LOCAL                               | 01121102 0200                       |   |   | 511.7                         | OTTATION NOMBER                    |                          |               |  |  |
| OL CLASS   | ENDORSEMEN   |  |                       |                                     | ALC                     | OHOL / DRUG SUSPE                     | ECTED                               | CONDITION                           |   | COHOL TEST                                    | OTATUO.                       |                                    | TEST(S)                  |               |  |  |
|  | SELECT UP TO 2   |  | BY                    | TRACTED                             |                         | LCOHOL MAF                            | ANAULIS                             |                                     | STATUS T  | YPE VALUE                                     | STATUS                        | TYPE                               | KESULI                   | SELECTUPTO4   |  |  |
| 6  |  |  | ا لى                  | 1                                   | 0                       | THER DRUG                             |                                     | 1                                   |   | 1,  | _1_                           |                                    | اللا                     | لـــالـــا    |  |  |
| UNIT #   | 200000000000000000000000000000000000000  | FIRST, MIDDLE                                      | IOHN                  | LT.                                 |                         |                                       |                                     |                                     | DATE OF BIRTH AGE GENDER OF 1 OF  |   |                               |                                    |                          |               |  |  |
| 0,2  | STREET, CITY, S  | ERNAN, JAMES,                                      | JUH                   | `                                   |                         |                                       |                                     |                                     | 75  | PHONE - INCLUDE AREA                          |                               | 0 0                                | <u> </u>                 | M             |  |  |
|  |  | NEY AVE ,Frank                                     | lin Tw                | n .OF                               | 442                     | 240                                   |                                     |                                     | RED   | ACTED PE                                      | ROR                           | C 14                               | 19.43                    | (A)(1)        |  |  |
| INJURIES   | INJURED  | EMS AGENCY (NAME)                                  | 1111 1 11             |                                     |                         | MEDICAL FACILITY                      | (NAME, CITY)                        | SAFETY EQUIPMENT                    | L   | SEATING POSIT                                 | ON AIR BA                     | AIR BAG USAGE EJECTION TRAPPED     |                          |               |  |  |
| 2 5  | TAKEN<br>BY  |  |                       |                                     |                         |                                       |                                     | USED 0 4                            | □MC HE  | OMPLIANT                                      |                               | 1 1 1                              |                          |               |  |  |
| OL STATE   |  | LICENSE NUMBER                                     |                       | OFFENS                              | SE CHAI                 | RGED                                  | LOCAL                               | OFFENSE DESC                        | RIPTION   |   | CITA                          | TION NU                            | JMBER                    |               |  |  |
| O H  | REDAC  | CTED PER ORC 450                                   | 1:1-12                | 371.0                               | )1                      |                                       | CODE                                | Right of Way                        | in Cros   |   | 294                           | 06                                 |                          |               |  |  |
| OL CLASS   | ENDORSEMEN<br>SELECT UP TO 2   |  |                       | VER<br>TRACTED                      | _                       | OHOL / DRUG SUSPE                     |                                     | CONDITION                           | STATUS T  | YPE VALUE                                     | STATUS                        | DRUG<br>TYPE                       | RESULT                   | SELECTUPTO4   |  |  |
| . 4 .  | BY   |  |                       |                                     | 1   ALCOHOL   MARIJUANA |                                       |                                     | 1 .                                 | 1   | 1   | 1.                            | 1 1 1                              |                          |               |  |  |
| UNIT#  | NAME: LAST   | FIRST, MIDDLE                                      |                       |                                     | <u></u>                 | THER DROG                             |                                     |                                     |   | DATE OF BIRTH                                 |                               | Ť                                  | AGE                      | GENDER        |  |  |
| 100000000  | 50.85888.T01088880   | •  |                       |                                     |                         |                                       |                                     |                                     |   |   |                               |                                    |                          |               |  |  |
| ADDRESS:   | STREET, CITY, S  | TATE, ZIP  |                       |                                     |                         |                                       |                                     |                                     | CONTACT PHONE - INCLUDE AREA CODE                               |   |                               |                                    |                          |               |  |  |
| TOR  |  |  |                       |                                     |                         |                                       |                                     |                                     |   |   |                               |                                    |                          |               |  |  |
| INJURIES   | INJURED<br>TAKEN   | EMS AGENCY (NAME)                                  |                       | INJUREDI                            | AKEN TO                 | MEDICAL FACILITY                      | (NAME, CITY)                        | SAFETY EQUIPMENT<br>USED            | DOT-C:  |   | ON AIR BA                     | USAGE                              | EJECTION                 | TRAPPED       |  |  |
| 0N/  | BY   |  |                       |                                     |                         |                                       |                                     | UMC HELMET                          |   |   |                               |                                    | لــــا                   | نـــــا       |  |  |
| OL STATE   | OPERATOR   | LICENSE NUMBER                                     |                       | OFFENS                              | SE CHAI                 | RGED                                  | LOCAL                               | OFFENSE DESCRIPTION                 |   |   | CITATION NUMBER               |                                    |                          |               |  |  |
| OL CLASS   | ENDORSEMEN   | T RESTRICTION SELECT                               | UPTO3 DRIV            | VE D                                | AL C                    | OHOL / DRUG SUSPECTED CONDITION       |                                     |                                     | ALCOHOL TEST  |   |                               | DRUG TEST(S)                       |                          |               |  |  |
| OL OLASS   | SELECT UP TO 2   |  |                       | TRACTED                             |                         | LCOHOL MAF                            |                                     | CONDITION                           | STATUS T  | YPE VALUE                                     | STATUS                        | TYPE                               | RESULT                   | SELECTOP TO 4 |  |  |
|  |  |  |                       |                                     | 0                       | THER DRUG                             |                                     | Ĺ                                   | ے ایسا  |   | بصا                           |                                    | عاصال                    | لــالــالــ   |  |  |
| 1 - FATAL  | RIES   | 1-FRONT-LEFT SIDE                                  | 1 - NOT DEP           | IR BAG                              | - CI                    | OL CLASS<br>1-CLASS A                 | 5                                   | OL RESTRIC<br>1-ALCOHOL INTER       |   | 1 - NOT DISTRACTED                            | CTION                         | 1 - NONE                           | EST STA                  | TUS           |  |  |
|  | SERIOUS INJURY   | (M0TORCYCLE DRIVER)                                | 2- DEPLOYE            |                                     |                         | 2 - CLASS B                           |                                     | 2 - CDL INTRASTAT                   |   | 2 - MANUALLY OPERAT                           |                               |                                    | REFUSED                  |               |  |  |
| 3 - SUSPECTED<br>4 - POSSIBLE IN                 |  | 2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE       | 3 - DEPLOYE           |                                     |                         |                                       | 3 - CORRECTIVE LE<br>4 - FARMWAIVER | DEVICE (TEXTING, TYPING,            |   |   |                               |                                    |                          |               |  |  |
| 5 - NO APPAREN                                   |  | 4 - SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER)   | 5- NOTAPP             | LICABLE (OHIO = D) 5 - EXCEPT CLASS |                         |                                       |                                     |                                     |   |   | 4 - TEST GIVEN, RESULTS KNOWN |                                    |                          |               |  |  |
| INJURED  | TAKEN BY   | 5 - SECOND - MIDDLE                                | 9- DEPLOYI            | MENT UNKNO                          | WN                      | 5 - M/C MOPED ONLY<br>6 - NO VALID OL |                                     | 6 - EXCEPT CLASS A<br>& CLASS B BUS |   |   |                               | 5 - TEST GIVEN, RESULTS<br>UNKNOWN |                          |               |  |  |
| 1 - NOT TRANSP<br>/TREATED A                     | and the same of th | 6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE   | E                     | ECTION                              |                         | OL ENDORSE                            | MENT                                | 7 - EXCEPT TRACTO                   |   | COMMUNICATION DE                              | VICE                          | ALCO                               | HOL TES                  | T TYPE        |  |  |
| 2 - EMS  | I JULIAL   | (M0TORCYCLE SIDE CAR)                              | 1- NOTEJE             |                                     |                         | H - HAZMAT                            | WEN I                               | 8 - INTERMEDIATE<br>RESTRICTIONS    | LICENSE   | 5 - OTHER ACTIVITY WI<br>ELECTRONIC DEVICE    |                               | 1 - NONE                           |                          |               |  |  |
| 3 - POLICE                                       | MOUNT  | 8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE       | 2 - PARTIAL           |                                     |                         | M - MOTORCYCLE                        |                                     | 9 - LEARNER'S PER<br>RESTRICTIONS   | MIT   | 6 - PASSENGER<br>7 - OTHER DISTRACTION        |                               | 2 - BL00<br>3 - URINI              |                          |               |  |  |
| 9 - OTHER / UNK                                  |  | 10 - SLEEPER SECTION                               | 3-TOTALLY<br>4-NOTAPP |                                     |                         | P - PASSENGER<br>N - TANKER           |                                     | 10 - LIMITED TO DAY                 | LIGHT ONLY  | INSIDE THE VEHICL                             |                               | 4 - BREA                           |                          |               |  |  |
| 1 - NONE USED                                    | QUIPMENT   | OF TRUCK CAB  11 - PASSENGER IN OTHER              | T                     | RAPPED                              | and a                   | Q - MOTOR SCOOTER                     |                                     | 11 - LIMITED TO EMP                 |   | 8 - OTHER DISTRACTION<br>THE VEHICLE          | OUTSIDE                       | 5 - OTHE                           |                          |               |  |  |
| 2 - SHOULDER E                                   | BELT ONLY USED   | ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS,    | 1-NOTTRA              |                                     | U de                    | R - THREE-WHEEL MO<br>S - SCHOOL BUS  | TORCYCLE                            | 13 - MECHANICAL DE                  | EVICES  | 9 - OTHER / UNKNOWN                           |                               | DRU<br>1 - NONE                    | UG TEST                  | TYPE          |  |  |
| 3 - LAP BELT ON<br>4 - SHOULDER &                | ILY USED<br>Lap Belt Used  | PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED    | 2 - EXTRICA<br>MECHAN | TED BY<br>ICAL MEANS                |                         | T - DOUBLE & TRIPLE                   |                                     | CONTROLS, OR O                      | THER  | CONDITION                                     | 1                             | 2 - BL00                           |                          |               |  |  |
| 5 - CHILD REST                                   | RAINT SYSTEM -   | CARGO AREA   | 3- FREED B            | X.TANKER/HA7MAT ADAPTIVE DEV        |                         |                                       |                                     | 2 PRITATE HOMBIAL                   |   |   | 3 - URINE<br>4 - OTHER        |                                    |                          |               |  |  |
| 6 - CHILD REST                                   | ACING<br>RAINT SYSTEM –  | 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR | HOTTILL               |                                     |                         | GENDER<br>F-FEMALE                    |                                     | 15 - MOTOR VEHICLE<br>AIR BRAKES    | S WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED,                       |   |                               |                                    |                          |               |  |  |
| REAR FACING 7 - BOOSTER SE                       | G  | (NON-TRAILING UNIT)<br>15 - NON-MOTORIST           |                       |                                     |                         | M - MALE                              |                                     | 16 - OUTSIDE MIRRO                  | R   | ANGRY, DISTURBED)  4- ILLNESS  1-AMPHETAMINES |                               |                                    |                          |               |  |  |
| 8 - HELMET US                                    |  | 99 - OTHER / UNKNOWN                               |                       |                                     |                         | U -OTHER / UNKNOWN                    |                                     | 17 - PROSTHETIC AID<br>18 - OTHER   | )   | 5 - FELL ASLEEP, FAINT<br>FATIGUED, ETC.      | ED,                           |                                    | BITURATES                |               |  |  |
| 9 - PROTECTIVE<br>(ELBOW, KNE                    |  |  |                       |                                     |                         |                                       |                                     | 10-UINEK                            |   | 6 - UNDERTHE INFLUEN                          |                               |                                    | ZODIAZEPINE<br>Nabinoids | £2            |  |  |
| 10 - REFLECTIVE                                  | CLOTHING   |  |                       |                                     |                         |                                       |                                     |                                     |   | OF MEDICATIONS / DI<br>/ALCOHOL               | 1003                          | 5 - COCA                           | INE                      |               |  |  |
| 11 - LIGHTING - I<br>/ BICYCLE OF                |  |  |                       |                                     |                         |                                       |                                     |                                     |   | 9- OTHER/UNKNOWN                              |                               | 6 - OPIAT<br>7 - OTHE              | TES / OPIOID<br>R        | \$            |  |  |
| 99 - OTHER / UNK                                 |  |  |                       |                                     |                         |                                       |                                     |                                     | 8 - NEGATIVE RESU   |   |                               |                                    |                          | TS            |  |  |

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