Traffic Crash Report	Local Report Number * Crash Severity Hit/Skip
ESUCATION - SERVICE - PROTECTION  Local Information	1 - Solver 2 - Unsolver 3 - PDO 3 - PDO 3 - PDO 5 - PD
I I I I I I I I I I I I I I I I I I I	ing Agency Name * Number of Unit in error
	RFIELD HEIGHTS Units 0 2 98 - Animal 0 2 99 - Unknown
County * City * City, Village, Township *	Crash Date * Time of Crash Day of Wee
1 8     Village * Township *   GARFIELD HTS	0 8 2 1 2 0 1 7   1 8 2 6   M O
Degrees / Minutes / Seconds Latitude Longitude	Decimal Degrees  Latitude Longitude
	$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$
□ Divided	vad Types or Milepost <sup>2</sup> L - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way V - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace L - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail
Location Route Number Route Type 1 Location Route Number Route RockSIDE	Route Types 1  IR - Interstate Route (inc. turnpike) US - US Route SR - State Route Route Types 1  IR - Interstate Route (inc. turnpike) US - US Route TR - Numbered Township Route
Distance From Reference    Miles	Reference Name (Road, Milepost, House #)  Reference Road, Milepost, House #)  Reference Road Type 2
Reference Point Used  1 - Intersection 2 - Mile Post 3 - House Number  Crash Location 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Acc	12 - Shared-Use Paths or Trails  99 - Unknown  Related  1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown
Primary Secondary	01 - Dry 05 - Sand, Mud, Dirt, Oil, gravel 09 - Rut, Holes, Bumps, Uneven 02 - Wet 06 - Water (Standing, Moving) Pavement*
2 - Straight Grade 9 - Unknown	03 - Snow 07 - Slush 10 - Other 04 - Ice 08 - Debris* 99 - Unknown * Secondary Condition
Manner of Crash Collision/Impact	Weather
1 - Not Collision Between 2 - Rear-End 5 - Backing 8 - Sidesw Two Motor Vehicles 3 - Head-On 6 - Angle Direction 9 - Unknown 7 - Sideswipe, Same Direction 9 - Unknown 9 - Unk	
Road Surface Light conditions  1 - Concrete 4 - Slag, Gravel, Primary Secondary 1 - Daylight	School Bus Relate 5 - Dark - Roadway Not Lighted 9 - Unknown  School Dus Relate Ves, School Bus Zone
2 - Blacktop, Bituminous, Stone 2 - Dawn Asphalt 5 - Dirt 2 - Dawn 3 - Dusk	6 - Dark - Unknown Roadway Lighting Related 7 - Glare*
3 - Brick/Block 6 - Other 4 - Dark - L  Work Workers Present Type of Work Zone	ghted Roadway 8 - Other * Secondary Condition Only Indirectly Involv  Location of Crash in Work Zone
<del></del>	termittent or Moving Work ther  1 - Before the first Work Zone Warning Sign 4 - Activity Area 2 - Advance Warning Area 3 - Transition Area
DRIVER OF UNIT 1 STATES SHE WAS TRAVELING	Diagram
THROUGH THE LOT OF ARBY'S ON THE SOUTH SIDE OF	compass diagrar indicate the direct of north.
THE BUILDING. SHE STOPPED BRIEFLY TO LET A	
PASSENGER OUT OF HER VEHICLE AND WHILE STOPPED,	
UNIT 2 BEGAN BACKING FROM A PARKING SPOT AND	
UNIT 2 BEGAN BACKING FROM A PARKING SPOT AND STRUCK UNIT 1.	
STRUCK UNIT 1.	
STRUCK UNIT 1.  DRIVER OF UNIT 2 STATES HE WAS BACKING FROM A	
STRUCK UNIT 1.  DRIVER OF UNIT 2 STATES HE WAS BACKING FROM A  PARKING SPOT AND DID NOT OBSERVE UNIT 1 STOPPED	
STRUCK UNIT 1.  DRIVER OF UNIT 2 STATES HE WAS BACKING FROM A  PARKING SPOT AND DID NOT OBSERVE UNIT 1 STOPPED	
STRUCK UNIT 1.  DRIVER OF UNIT 2 STATES HE WAS BACKING FROM A  PARKING SPOT AND DID NOT OBSERVE UNIT 1 STOPPED	
STRUCK UNIT 1.  DRIVER OF UNIT 2 STATES HE WAS BACKING FROM A  PARKING SPOT AND DID NOT OBSERVE UNIT 1 STOPPED  BEHIND HIM AND STRUCK UNIT 1.	
STRUCK UNIT 1.  DRIVER OF UNIT 2 STATES HE WAS BACKING FROM A  PARKING SPOT AND DID NOT OBSERVE UNIT 1 STOPPED  BEHIND HIM AND STRUCK UNIT 1.  Report Taken By Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Arrival Time Time Cleared Other Investigation Time Total Minutes
STRUCK UNIT 1.  DRIVER OF UNIT 2 STATES HE WAS BACKING FROM A  PARKING SPOT AND DID NOT OBSERVE UNIT 1 STOPPED  BEHIND HIM AND STRUCK UNIT 1.  Report Taken By Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Arrival Time    Time Cleared   Other Investigation Time   Total Minutes     1   8   3   9     1   8   5   0     3   0     4   1   1   1

OHIO OF PINAL CONTROL PRINCE P		Local Report Number	2 9 3 9
1	Same As Driver) Owner Phone Number - inc. a	rea code ( 🗹 Same As Driver)	Damage Scale Damaged Area
0 2 LUTFIYYA ABDALLA	813-528-5899		2 Front
Owner Address, City, State, Zip ( Same A 7607 TERRACE RIVER DR	Driver) TAMPA	FL 33637	1 - None 09 02 03
LP State License Plate Number	Vehicle Identification Number	# Occupants	2 - Minor
F L 466VDF	2 T 3 Y F R E V 4 E V		3 - Functional 08   10   04
Vehicle Year Vehicle Make	Vehicle Model  RAV Rav4	Vehicle Color  BLK Black	4 - Disabling 07 05
Proof of Insurance Company	Policy Number	Towed By	06
☐ Insurance Shown ESURANCE	PAFL5169875		9 - Unknown Rear
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code
US DOT Vehicle Weight GVWR/GCWR  1 - Less Than or Equal to 10k Lbs.	Cargo Body Type  01 - No Cargo Body Type/Not Applicable		, Not Divided
2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs.	02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle	11 - Flat Bed 3 - Two-Way	, Not Divided, Continuous Left Turn Lane , Divided, Unprotected (Painted or Grass>4 Ft.) Median , Divided, Positive Median Barrier
Hazardous Material Released	05 - Logging 06 - Intermodal Container Chassis	13 - Concrete Mixer 14 - Auto Transporter  4 - Two-way	
Number	07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	15 - Garbage/Refuse	uit
Non-Motorist Location Prior to Impact  Type of Use One Control of	Passenger Vehicle (less than 9 pas	• ,	
02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk	01 - Sub-Compact 02 - Compact 03 - Mid Size	13 - Single Unit Truck or Van 2axle,6 f 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck/Trailer	ires 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus(16+ Seats, Inc Driver)
05 - Travel Lane - Other Location 1 - Person 2 - Comm	al 99 - Unknown 04 - Full Size or Hit/Skip 05 - Minivan	16 - Truck/Tractor(Bobtail) 17 - Tractor/Semi-Trailer	Non-Motorist
07 - Shoulder/Roadside 08 - Sidewalk	ment 06 - Sports Utility Vehicle 07 - Pickup 08 - Van	18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey
09 - Median/Crossing Island 10 - Driveway Access	gency 09 - Motorcycle		25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
12 - Non-Trafficway Area 99 - Other/Unknown	11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Has HM Placard	
02 - Taxi 10 - Fin 03 - Rental Truck (Over 10K Lbs) 11 - Hig 04 - Bus - School (Public or Private) 12 - Mil 05 - Bus - Transit 13 - Po 06 - Bus - Charter 14 - Pu 07 - Bus - Shuttle 15 - Ott	avy/Maintenance 19 - Motorhome ary 20 - Golf Cart	Most Damaged Area	ont 3 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck
02 - Backing         08 - Ent           03 - Changing Lanes         09 - Lea           99 - Unknown         04 - Overtaking/Passing         10 - Par	ing or Stopped in Traffic	Non-Motorist  15 - Entering or Crossing Specified  16 - Walking, Running, Jogging, Pla  17 - Working  18 - Pushing Vehicle  19 - Approaching or Leaving Vehicle  20 - Standing	ying, Cycling
Contributing Circumstances  Primary Motorist  01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change //Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifing/Falling/Spilling 21 - Other Improper Action	Non-Motorist  22 - None  23 - Improper Crossing  24 - Darting  25 - Lying and/or Illegally in Roadway  26 - Failure to Yield Right of Way  27 - Not Visible (Dark Clothing)  28 - Inattentive  29 - Failure to Obey Traffic Signs  /Signals/Officer  30 - Wrong Side of the Road  31 - Other Non-Motorist Action	Vehicle Defects  01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
Sequence of Events  1	nce Equipment 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail	(Blown Tire, Brake Fallure, etc) 07 - Separation of Units 0   08 - Ran Off Road Right 12 - D   ifft 09 - Ran Off Road Left 13 - O   Shion 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 43   37 - Traffic Sign Post 44   38 - Overhead Sign Post 45   39 - Light/Luminaries Support 46	ross Median ross Center Line pposite Direction of Travel pownhill Runaway  Other Post, Pole  48 - Tree or Support  49 - Fire Hydrant Culvert  50 - Work Zone Maintenance Equipment Ditch  51 - Wall, Building, Tunnel Enbankment Fence Aailbox
Unit Speed	gn 08 - Railroad Flashers ign 09 - Railroad Gates Signal 10 - Construction Barricade	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	To 1 1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest 3 - East 7 - Southeast 4 - West 8 - Southwest
Estimated			Page of

OHIO OF PUBLIC O		Local Report Number	er * 7   2   9   3   9
Unit Number Owner Name: Last, First, Middle ( 🗹 Sa	ame As Driver) Owner Phone Number - inc. ar	ea code ( 🖫 Same As Driver)	Damage Scale Damaged Area
0 1 TOKAR AMANDA J	330-814-5784		2 Front
Owner Address, City, State, Zip ( Same As E	CUYAHOGA FAL		1 - None 09 02 03
LP State License Plate Number  OH GVM9581	Vehicle Identification Number	# Occupar	
Vehicle Year Vehicle Make			3 - Functional 08 11 10 10 04
2 0 1 1 1 BUIC Buick	REG Regal	SIL Alum/Silver	4 - Disabling 07 05
Proof of Insurance Company Insurance Shown STATE AUTO	Policy Number AOH4865734	Towed By	9 - Unknown Rear
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type	Trafficway Descr	iption
1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs	01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver)	e 09 - Pole 1 - Two-W	/ay, Not Divided /ay, Not Divided, Continuous Left Turn Lane
HM Placard ID No. 3 - More Than 26,000 Lbs.	03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle	11 - Flat Bed 3 - Two-W	/ay, Divided, Unprotected (Painted or Grass>4 Ft.) Median /ay, Divided, Positive Median Barrier
Hazardous Material Released	05 - Logging 06 - Intermodal Container Chassis	14 - Auto Transporter	/ay Trafficway
Number	07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	15 - Garbage/Refuse	Unit
Non-Motorist Location Prior to Impact  Type of Use  1	Unit Type Passenger Vehicle (less than 9 pass	engers) Med/Heavy Trucks or Combo Units>	-10k lbs Bus/Van/Limo (9 or More Including Driver)
02 - Intersection - No Crosswalk 03 - Intersection - Other	0 4 01 - Sub-Compact 02 - Compact	13 - Single Unit Truck or Van 2axle, 14 - Single Unit Truck 3+ axles	6 tires 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus(16+ Seats, Inc Driver)
04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 1 - Personal	03 - Mid Size 99 - Unknown 04 - Full Size or Hit/Skip 05 Mighton	<ul><li>15 - Single Unit Truck/Trailer</li><li>16 - Truck/Tractor(Bobtail)</li></ul>	Non-Motorist
06 - Bicycle Lane 2 - Commerc 07 - Shoulder/Roadside 3 - Governm	ent 06 - Sports Utility Vehicle	17 - Tractor/Semi-Trailer 18 - Tractor/Double	23 - Animal with Rider
08 - Sidewalk 09 - Median/Crossing Island	07 - Pickup 08 - Van	19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist
10 - Driveway Access ☐ In Emerge 11 - Shared-Use Path or Trail Response	10 - Motorized Bicycle	☐ Has HM Placard	26 - Pedestrian/Skater 27 - Other Non-Motorist
12 - Non-Trafficway Area 99 - Other/Unknown	11 - Snowmobile/ATV 12 - Other Passenger Vehicle	☐ Has HM Placard	
Special Function         01 - None         09 - Ambu           02 - Taxi         10 - Fire	lance 17 - Farm Vehicle 18 - Farm Equipment	Most Damaged Area  01 - None  08 - Left	Action Side 99 - Unknown 1 - Non-Contact
	ray/Maintenance 19 - Motorhome	0 3 02 - Center Front 09 - Left	oo onknown
05 - Bus - Transit 13 - Police 06 - Bus - Charter 14 - Public	21 - Train	Impact Area 04 - Right Side 11 - Under	ercarriage 4 - Struck
07 - Bus - Shuttle 15 - Other	Government ruction Equip.	0 3 06 - Rear Center 13 - Total 14 - Other	(All Areas) 9 - Unknown
Pre-Crash Actions Motorist		Non-Motorist	-
1 1 01 - Straight Ahead 07 - Makin		15 - Entering or Crossing Specific	
03 - Changing Lanes 09 - Leaving	g Traffic Lane	16 - Walking, Running, Jogging, I 17 - Working 18 - Pushing Vehicle	raying, Cyaing
	g or Stopped in Traffic	19 - Approaching or Leaving Veh 20 - Standing	cle
Contributing Circumstances		20 Ottaining	Vehicle Defects
Primary Motorist 01 - None 1	1 - Improper Backing	Non-Motorist 22 - None	01 - Turn Signals 02 - Head Lamps
0 1 02 - Failure to Yield 1	2 - Improper Start From Parked Position 3 - Stopped or Parked Illegally	23 - Improper Crossing 24 - Darting	03 - Tail Lamps 04 - Brakes
Secondary 04 - Ran Stop Sign 1	4 - Operating Vehicle in Negligent Manner 5 - Swerving to Avoid (Due to External Conditions)	25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way	05 - Steering 06 - Tire Blowout
06 - Unsafe Speed 1	6 - Wrong Side/Wrong Way 7 - Failure to Control	27 - Not Visible (Dark Clothing) 28 - Inattentive	07 - Worn or Slick tires 08 - Trailer Equipment Defective
08 - Left of Center 1	8 - Vision Obstruction 9 - Operating Defective Equipment	29 - Failure to Obey Traffic Signs /Signals/Officer	09 - Motor Trouble 10 - Disabled From Prior Accident
10 - Improper Lane Change 2	0 - Load Shifing/Falling/Spilling 1 - Other Improper Action	30 - Wrong Side of the Road 31 - Other Non-Motorist Action	11 - Other Defects
Sequence of Events	Non-Collision Events		+
1 2 0 2 3 4 5	6 01 - Overturn/Rollover 02 - Fire/Explosion	(Blown Tire, Brake Failure, etc) 11 -	Cross Median Cross Center Line
First Most 99 - U	03 - Immersion nknown 04 - Jackknife		Opposite Direction of Travel Downhill Runaway
Harmful 1 Harmful 1 Event	05- Cargo/Equipment Loss or Sh <u>Collision With Fixed Object</u>	ift 09 - Ran Off Road Left 13 -	Other Non-Collision
Collision with Person, Vehicle or Object Not Fixed  14 - Pedestrian  21 - Parked Motor Vehicle  15 - Pedalcycle  22 - Work Zone Maintenany	25 - Impact Attenuator/Crash Cus	shion 33 - Median Cable Barrier 4 34 - Median Guardrail Barrier	1 - Other Post, Pole 48 - Tree or Support 49 - Fire Hydrant
15 - Pedalcycle 22 - Work Zone Maintenand 16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling, Shift 17 - Animal - Farm or Anything Set in Moti	ing Cargo 27 - Bridge Pier or Abutment	35 - Median Concrete Barrier 4	2 - Culvert 50 - Work Zone Maintenance 3 - Curb Equipment
18 - Animal - Parm or Anything Set in Moti 18 - Animal - Deer Motor Vehicle 19 - Animal - Other 24 - Other Movable Object	29 - Bridge Rail 30 - Guardrail Face	37 - Traffic Sign Post 4	5 - Collo Edupment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
20 - Motor Vehicle in Transport	31 - Guardrail End 32 - Portable Barrier	39 - Light/Luminaries Support 4	6 - Fence 7 Mailbox
Unit Speed Posted Speed Traffic Control		Unit Directi	on
0 1 - No Control 02 - Stop Sign		13 - Crosswalk Lines 14 - Walk/Don't Walk	To 3 1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest
03 - Yield Sig ☑ Stated 04 - Traffic Si	n 09 - Railroad Gates	15 - Other 16 - Not Reported	3 - East 7 - Southeast 4 - West 8 - Southwest
☐ Estimated 05 - Traffic FI 06 - School Z	ashers 11 - Person (Flagger, Officer)		Page of
HSY8304 OH1U (Rev 01/12)	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	



## Motorist / Non-Motorist / Occupant

Lo	Local Report Number *														
-	2	0	1	7	2	9	3	9			1				

	Unit Number Name: Last, First, Middle			Date of E	irth   0   4   1   9   9	Age Gender F - Female M - Male
12	Address, City, State, Zip		OALLA	ļ <del>r</del>	Contact Phone - include	de area code
IOIOINI-IIC	7607 TERRACE RIVE	R DR	TAMPA  Medical Facility Injured Taken To	FL 33637  Safety Equipment Used DO	813-528-589  Compliant Seating Position	
JUNIO ISUNO				0 4 Hel		1 1 1
_	OL State   Operator License Number     F   L   L310009911640	OL Class No Valid OL	M/C End 1 Alcohol/Drug Suspec	Alcohol Test Status Alcohol Te	Alcohol Test Value	Drug Test Status Drug Test Type
	Offense Charged (□ Local Code )	Offense Description		Citation Number		Hands-Free Device Used T
•	Unit Number Name: Last, First, Middle TOKAR	AMA	ANDA J	Date of E		Age Gender F - Female M - Male
otorist	Address, City, State, Zip 4260 AMERICANA DI	₹ 106	CUYAHOGA FALI	_S OH 44224	Contact Phone - include 330-814-578	
torist/Non-M	Injuries Injured Taken By EMS Agency		Medical Facility Injured Taken To		Compliant or cycle net Seating Positio	n Air Bag Usage Ejection Trapped
Š	OL State Operator License Number O H SJ419502	OL Class No Valid OL	M/C End 1 Alcohol/Drug Suspec	Alcohol Test Status Alcohol Te	st Type Alcohol Test Value	Drug Test Status Drug Test Type
	Offense Charged (□ Local Code )	Offense Description		Citation Number		Hands-Free Driver Distracted By Device 1
١	Injuries Injured Ta	ken By Safety	Equipment Used	99 - Unknown Safety Equipment		Used
	1 - No Injury/None Reported 1 - Not T	ransported / Motor dat Scene 01 - 02 - 03 - 04	orist  None Used - Vehicle Occupant Shoulder Belt Only Used Lap Belt Only Used	95 - Child Restraint System-Forward Faci 05 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used	Non-Motorist  10 - None Usec 10 - Helmet Use 11 - Protective I (Elbows, Kne	ed 13 - Lighting Pads Used 14 - Other
	Seating Position  01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side	07 - Third - L 08 - Third - N 09 - Third - N 10 - Sleeper 11 - Passeng		12 - Passenger in Unenclose 13 - Trailing Unit 14 - Riding on Vehicle Exteri 15 - Non-Motorist 16 - Other 99 - Unknown	d Cargo Area	Air Bag Usage  1 - Not Deployed  2 - Deployed Front  3 - Deployed Side  4 - Deployed Both Front/Side  5 - Not Applicable  9 - Deployment Unknown
	Ejection Trapped  1 - Not Ejected 1 - Not Trapped  2 - Totally Ejected 2 - Extricated by Mechanical Mechanic	1 - Class 2 - Class 2 - Class 3 - Class 4 - Regu	B 2 - Physical Imp	airment 6 - Un	Asleep, Fainted, Fatigued ler The Influence of dications, Drugs, Alcohol er	Alcohol/Drug Suspected  1 - None  2 - Yes - Alcohol Suspected  3 - Yes - HBD Not Impaired  4 - Yes - Drugs Suspected  5 - Yes - Alcohol and Drugs Suspected
	Alcohol Test Status  1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given. Results Unknown	4 - Breath	Drug Test Status  1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Samp 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood	river Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication I 5 - Other Electronic Device	6 - Other Inside the Vehicle 7 - External Distraction Device
	5 - Test Giveri, Results Officiowif	5 - Other	o root errori, riceane eriminomi		(Navigation Device, Radio, DVD)	
<u></u>	Unit Number Name: Last, First, Middle		MERON M	Date of Birth		Age Gender
Occupant	Unit Number Name: Last, First, Middle			l		Age Gender  11 F - Female M - Male
Occupant	Unit Number Name: Last, First, Middle  O 1 1 SOTO  Address, City, State, Zip		MERON M	OH 44125    Safety Equipment Used   DO'	1 0 2 0 0 6  Contact Phone - include 216-313-179  Compliant roycle	Age Gender F - Female M - Male e area code
Occupant	Unit Number Name: Last, First, Middle SOTO  Address, City, State, Zip  13117 THRAVES RD  Injuries Injured Taken By EMS Agency  Unit Number Name: Last, First, Middle	CA	MERON M  GARFIELD HTS  Medical Facility Injured Taken To	OH 44125  Safety Equipment Used ON Heli	1 0 2 0 0 6  Contact Phone - include 216-313-179  Compliant rocycle	Age Gender M - Male  e area code  Air Bag Usage Ejection Trapped  Age Gender F - Female  F - Female  M - Male
cupant	Unit Number Name: Last, First, Middle SOTO  Address, City, State, Zip  13117 THRAVES RD  Injuries Injured Taken By EMS Agency  Unit Number Name: Last, First, Middle SOTO  Address, City, State, Zip	CA	MERON M  GARFIELD HTS  Medical Facility Injured Taken To  RYA LY	OH 44125  Safety Equipment Used DO' Mot Heln  Date of Birth 0 4	1 0 2 0 0 6  Contact Phone - include 216-313-179  Compliant orcycle et  0 6  Contact Phone - include 216-313-179  Compliant orcycle of 6	Age Gender M - Male  a area code  Air Bag Usage Ejection Trapped  5 1 1 1  Age Gender M - Male  F - Female M - Male
Occupant Occupant _	Unit Number Name: Last, First, Middle SOTO  Address, City, State, Zip 13117 THRAVES RD  Injuries Injured Taken By EMS Agency  Unit Number Name: Last, First, Middle SOTO	CA	MERON M  GARFIELD HTS  Medical Facility Injured Taken To	OH 44125  Safety Equipment Used DO: Hell  Date of Birth 0 4  OH 44125	Compliant Contact Phone - include 216-313-179  Compliant Compliant Compliant Contact Phone - include 216-313-179  Compliant Contact Phone - include 216-313-179  Compliant Seating Position Compliant Compliant Compliant Seating Position Compliant Seating Position Compliant Comp	Age 11

OHIO DEPARTMENT OF PUBLIC SAFETY	
EDUCATION - SERVICE - PROTECTION	

## Occupant / Witness Addendum

ocal Re	port N	Numb	er *								
2	0	1	7	2	9	3	9				

Unit Number Name: Last, First, Middle Date of Birth Age Gender F - Female M - Maile    Contact Phone - include area code   Contact Phone -	ſ						. 1
Application City Store, City				ODV I			F - Female
Topics Number 1 (1) Color Agency   Medical Foolity Injured Intern 10   Diff Congress   Miles Disposed (process)   Transport    Diff Number   Marco   Section Flows   Diff Congress   Miles Disposed (process)   Transport    Diff Number   Marco   Section Flows   Diff Number   Diff Numb	pant	<u> </u>	OSLER C	ORT 3			
D   A   D   D   D   D   D   D   D   D	noon				10445	10 :: 0 :: 1	Nir Pag Hagge Figetion Trapped
Fire   Part   Section			LIVIO Agenty	wedical racility injured Taxen 10	Motorcycle	liant	
Figures: Insured Date by Is No. Agency Medical Facility Injured Ibsen 16 Safety Equipment Used DDT Cymolox: Society Equipment Used DDT Cym		Unit Number Name: Last,	First, Middle	•	Date of Birth		F - Female
Control Final   Control Fina	ccupan	Address, City, State, Zip			•	Contact Phone - include area	code
Address, City, State, 2p    Substance   Description   Desc	0	Injuries Injured Taken By	EMS Agency	Medical Facility Injured Taken To	☐ Motorcycle	mant .	Air Bag Usage Ejection Trapped
Advisors, City, States, Day, States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Internal Process Indicate By States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Internal Process Indicate By States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Internal Process Indicate By States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Indicate By States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Indicate By States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Unit Number Indicate By States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Unit Number Indicate By States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Unit Number Indicate By States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Unit Number Indicate By States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Indicate By States Represented Book Sealing Proteins As the Big Usage Spectron Trapper Indicate By Usage Spectron Trapper Indicate By In	t	Unit Number Name: Last,	First, Middle	_	Date of Birth	<del></del>	Age Gender
Troutes of States By EMS Agency Medical Facility Injured Taken To Safety Equipment Used Options and Safety Position Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Air Big Usage Epicidism Trapper Control of Safety Equipment Used Options Air Big Usage Epicidism Air Big Usage Epicidis	_ 						
Dot of Birth   Dot Complant   Seating Position   Trapped   Seating Position   Are Bag Usage   Epiction   Trapped   Seating Position   Are Bag Usage   Seating Pos	Occupar	Address, City, State, Zip			·	Contact Phone - include area	code
Address, City, State, Zip    Contact Phone - include area code   Safety Equipment Used   DOT Complaint   Safety Position   All Bag Usage   Ejection   Trapped   Address, City, State, Zip   Contact Phone - include area code   Safety Equipment Used   Dot Complaint   Safety Equipment Used   Safety Equipment Used		Injuries Injured Taken By	EMS Agency	Medical Facility Injured Taken To	☐ Motorcycle	ilalit -	Air Bag Usage Ejection Trapped
Address, City, State, Zip    Contact Prone - Include area code   Motorcycles   Heinret   Motorcycles   Motorcycles   Heinret   Motorcycles   Heinret   Motorcycles   M	İ	Unit Number Name: Last,	First, Middle		Date of Birth		
Injuries Injured Taken By EMS Agency Medical Facility Injured Taken To Safety Equipment Used DoT Compilant Motorcycle Helment Plane: Last, First, Middle Date of Birth Age Cender F. F. Female Motorcycle Helment Plane: Last, First, Middle Date of Birth Age Cender F. F. Female Motorcycle Helment Plane: Last, First, Middle Date of Birth Age Cender F. F. Female Motorcycle Motorcycle Helment Plane: Last, First, Middle Date of Birth Age Cender F. F. Female Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Plane: Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Plane: Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Plane: Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Helment Plane: Last, First, Middle Date of Birth Motorcycle Plane: Last, First, Middle Date of Birth Motorcycle Plane: Last, First, Middle Date of Birth Motorcycl	ĭ.						M - Male
Unit Number Address, City, State, Zip  Contact Phone - include area code  F. Female Address, City, State, Zip  Contact Phone - include area code  Injurior Taken By Injurior T	Occups	Address, City, State, Zip					code
Address, City, State, Zip    Contact Phone - Include area code   M - Male		Injuries Injured Taken By	EMS Agency	Medical Facility Injured Taken To	☐ Motorcycle	mant.	Air Bag Usage Ejection Trapped
Injuried Taken By EMS Agency Medical Facility Injured Taken To Safety Equipment Used ODT Compliant Motorcycle Helmet Age Gender F. Female M. Maje Gender F. Female M. Motorcycle Helmet Date of Birth Motorcycle Helmet Date of Birth Motorcycle Helmet M. Motorcycle M. Motorcycle Helmet M. Motorcycle		Unit Number Name: Last,	First, Middle	-	Date of Birth		F - Female
Motorcycle   Helmet   Dale of Birth   Dale o	ccupan	Address, City, State, Zip			!	Contact Phone - include area	code
Address, City, State, Zip    Injured Taken By	١	Injuries Injured Taken By	EMS Agency	Medical Facility Injured Taken To	☐ Motorcycle	munt.	Air Bag Usage Ejection Trapped
Address, City, State, Zip    Injuries   Injured Taken By   EMS Agency   Medical Facility Injured Taken To   Safety Equipment Used   DOT Compliant   Motorcycle   Helimet   Motorcycle   Motorcycle   Motorcycle   Helimet   Motorcycle   Helimet   Motorcycle   Mo	İ	Unit Number Name: Last,	First, Middle		Date of Birth	<del>-                                    </del>	· I I
Injuries  Injured Taken By  1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal  Seating Position  11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit) such as a Bus, Pickup with Cab) 12 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) such as a Bus, Pickup with Cab) 13 - Poployed In Trailing Unit) 14 - Right Side 15 - Second - Right Side 16 - Other 17 - Septiment  Non-Motorist  Non-Moto	pant	Address, City, State, Zip			<u> </u>	Contact Phone - include area	
Injuries  1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal  Seating Position  1 - Possenger in Unenclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pickup with Cab) 12 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pickup with Cab) 13 - Police 14 - Right Side 15 - Rond-Nordorist  Seating Position  1 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pickup with Cab) 15 - Second - Hight Side 17 - Non-Wordorist  Seating Position  18 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pickup with Cab) 15 - Second - Right Side 16 - Other 17 - Non-Wordorist  18 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit Unit) 16 - Second - Right Side 17 - Non-Motorist  18 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 18 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 10 - Second - Right Side (Non-Motorist) 10 - Velice Exterior (Non-Trailing Unit) 11 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 11 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (Non-Trailing Unit) 19 - Passenger in Unenclosed Cargo Area (N	DCCU	Injuries Injured Taken Ry	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	Seating Position	Air Rag Usage   Fiection   Tranned
1 - Not Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal  Seating Position  1 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab) 03 - Front - Right Side 04 - Second - Right Side 05 - Second - Middle 06 - Child Restraint System-Forward Facing 07 - Booster Seat 07 - Booster Seat 07 - Booster Seat 08 - Helmet Used 09 - None Used 10 - Helmet Used 11 - Protective Pads Used 11 - Protective Pads Used 11 - Protective Pads Used 11 - Protective Pads Used 11 - Protective Pads Used 11 - Protective Pads Used 11 - Protective Pads Used 11 - Protective Pads Used 11 - Not Ejected 2 - Deployed Front 3 - Deployed Side 2 - Totally Ejected 3 - Partially Ejected 3 - Partially Ejected 3 - Partially Ejected 4 - Not Applicable 12 - Reflective Clothing 13 - Lighting 13 - Lighting 14 - Other 15 - Non-Motorist 16 - Child Restraint System-Forward Facing 06 - Child Restraint System-Forward Facing 07 - Booster Seat 11 - Protective Pads Used 11 - Protective Pads Used 11 - Not Ejected 2 - Deployed Front 3 - Deployed Side 3 - Partially Ejected 3 - Partially Ejected 4 - Not Applicable 1 - Not		Injured laken by	Livio Agency	wedican acinty injured taken to	☐ Motorcycle	mant.	Lieuton napped
O1 - Front - Left Side (Motorcycle Driver) O2 - Front - Middle O3 - Front - Right Side O4 - Second - Left Side (Motorcycle Passenger) O5 - Second - Middle O6 - Second - Right Side O7 - Third - Left Side (Motorcycle Side Car) O8 - Third - Right Side O9 - Third - Right Si		1 - No Injury/None Reported     2 - Possible     3 - Non-Incapacitating     4 - Incapacitating	1 - Not Transported / Mo Treated at Scene 2 - EMS 3 - Police 4 - Other 03	torist  - None Used - Vehicle Occupant 05 Shoulder Belt Only Used 06 Lap Belt Only Used 07 -	Child Restraint System-Forward Facing Child Restraint System-Rear Facing Booster Seat	09 - None Used 10 - Helmet Used 11 - Protective Pads Use	13 - Lighting
HSY8355 OH1P (Rev 01/12)		01 - Front - Left Side (Motorcycle 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcy 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Ti	(Non-1 12 - Passe 13 - Trailin 14 - Riding 15 - Non-M Side Car) 16 - Other 99 - Unkno	railing Unit Such as a Bus, Pick-up with Cab) inger in Unenclosed Cargo Area g Unit j on Vehicle Exterior (Non-Trailing Unit) fotorist	Not Deployed     Deployed Front     Deployed Side     Deployed Both Front/Side     Not Applicable	1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected	Not Trapped     Extricated by     Mechanical Means     Extricated by     Non-Mechanical Means