OFF OPBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER *					
LOCAL INFORMATION  OH-2 OH-3							2 0 1 9 0 6 7 4 1 1 1 1 1					
☐ PHOTOS TAKEN ☐ SECONDARY CRASH		OTHER	REPORTING AGENCY NAME * NCIC *   0   1   8   2   0					HIT/SKIP 1 - Solved	NUMBER OF UNITS	UNIT IN ERROR		
Private Property GARFIELD HEIGHTS  COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*					HTS	UII	0   2   0	2 - Unsolved	O 1	0 1 99 - UNKNOWN  CRASH SEVERITY		
	1 - CITY * 2 - VILLAGE *		LD HTS				CRASH DATE/TIME* CRASH SEVERITY    0 2 2 6 2 0 1 9   2 3 3 5   5   1-FATAL					
3-TOWNSHIP*						ROAD TYPE	U   Z   O   Z   O   T   O   T   O					
					NOAD HAME		HW	 	3 - MINOR INJURY SUSPECTED			
4 - WEST					ICE ROAD NAME (ROAD, MILEPO	ST, HOUSE #)	ROAD TYPE	LONGITUDE DECI		4 - INJURY POSSIBLE		
2-SOUTH 3-EAST 4-WEST 2-10					7	$M_1P_1$	-	5-PRC DAMAG				
REFERENCE POINT  1 - INTERSECTIO	HOM REFERENCE		ROUTE TYPE			OAD TYPE		☐ WITHIN INTER	INTERSECTION RELATI	ED		
2 - MILE POST 3 - HOUSE #	0N 1 - NORTH 2 - SOUTH 3 - EAST		TERSTATE ROUTE ( EDERAL US ROUTE		AV - AVENUE LA	- LANE S	RD - ROAD SQ - SQUARE ST - STREET	WITHINITER	SECTION OR ON APPROACH			
DISTANCE FROM REFERENCE	4 - WEST  DISTANCE UNIT OF MEASURE		TATE ROUTE UMBERED COUNTY	'ROUTE	CR - CIRCLE O	R - CIRCLE OV - OVAL T		☐ WITHIN INTER	WITHIN INTERCHANGE AREA NUMBER OF APPROACH			
TROWNEJ EKENGE	1 - Miles 2 - Feet	-	JMBERED TOWNSH DUTE	HIP	DR - DRIVE PI		TL - TRAIL WA - WAY	ROADWAY				
	3 - Yards  CATION OF FIRST HARMFUL E	VENT			MANNER of CRASH COLLIS	ION/IMPACT		ROADWAY DIVIDED  DIRECTION of TRAVEL MEDIAN TYPE				
0 1 1-0N RO 2-0N SH	ADWAY 9 - CROSSOV	/ER		1 - NOT COLLISI				4 NORTH	4 50///			
3 - IN MED 4 - ON RO	DIAN ACCESS	3		TWO MOTOR	5 - BACKIN 6 - ANGLE	3		4 1 - NORTH 2 - SOUTH	(<4 F	DED FLUSH MEDIAN EET) DED FLUSH MEDIAN		
5 - ON GO 6 - OUTSII				VEHICLES IN TRANSPORT		IPE, SAME DIRECTION		3 - EAST 4 - WEST	(≥4 F			
TRAFF 7 - ON RA	MP 13 - BIKE LAN	ΝE	<b>I</b>	2 - REAR-END 3 - HEAD-ON	9 - OTHER				4 - DIVII	DED, RAISED MEDIAN TYPE)		
8 - OFF RA	AMP 14 - TOLL BO 99 - OTHER /								9 - OTH	ER / UNKNOWN		
☐ WORK ZONE RELAT	_ 1-1	WORK ZO LANE CLOSURE	E		1 - BEFC	CRASH IN WORK ZO ORE THE 1ST WORK		CONTOUR	CONDITIONS	SURFACE		
WORKERS PRESENT	T 3-1	LANE SHIFT/CR WORK ON SHO			2 - ADVA	NING SIGN NCE WARNING ARE	EA .	1	_ 1	_2_		
PRESENT	4 - 1	OR MEDIAN INTERMITTENT OTHER	T OR MOVING WORK	:	4 - ACTIV	ISITION AREA /ITY AREA IINATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,		
ACTIVE SCHOOL ZO	CONDITION	JINEK			WEATHER	IIINATION AREA		GRADE 3 - CURVE LEVEL	3 - SNOW 4 - ICE	BITUMINOUS, ASPHALT		
1 - DAYLIGHT			1 - CLEA		6 - SNOW			4 - CURVE GRADE 9 - OTHER /UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE		
	K HTED ROADWAY ADWAY NOT LIGHTED	111	2 - CLOU 3 - FOG, 4 - RAIN	SMOG, SMOKE		SSWINDS ID, SOIL, DIRT, SNO IN OR FREEZING DRI.		MOVING) 5 - DIRT 7 - SLUSH 9 - OTHER				
	KNOWN ROADWAY		5 - SLEE		99 - OTHER / UNK		ZZLE		9 - OTHER/UNKNOWN	/UNKNOWN		
9 - OTHER / UN	NKNOWN											
NARRATIVE	AS TRAVELING									Indicate the north		
										an "N" on the compass diagram.		
	S UNIT ONE W					NORTH 4				/		
	WHITE SUV M					,		GUARDRAIL.				
	SPORTATION E							T.				
TO THE DRIV	ER OF UNIT O	NE, TH	E SUV C	ONTINU	ED	#1			1			
TO MERGE A	T A HIGH RATE	E OF SF	PEED ANI	D				1				
ABRUPTLY C	UT IN FRONT	OF UNI	T ONE W	ITHOUT				_ \_	<u> </u>			
WARNING OR SIGNAL. UNIT ONE SWERVED TO									7			
AVOID COLLISION AND LOST CONTROL. UNIT ONE — — — —												
THEN LEFT T	THEN LEFT THE ROADWAY TO THE RIGHT, AND											
STRUCK THE GUARDRAIL ON THE NORTH SIDE OF BY 400 WEST MP 21/0												
THE ROADWA	<b>ΔΥ</b> .					**NOT TO SCALE	<b>.</b>					
CRASH REPORTE		10:0:0	DISPATCH DAT		1	ARRIVAL DATE/TIME			RED DATE/TIME	REPORT TAKEN BY POLICE AGENCY		
10 2 2 6 2 0 1	9   2 3 3 5  OTHER	0 2 2 TOTAL	2 6 2 0 1 9 - OFFICER	9   2 3 3 I'S NAME *	0226	2 0 1 9		0 2 2 6 2 0 * Fricer's name*	1 9   2 3 5 9	■ MOTORIST		
ROADWAY CLOSED	INVESTIGATION TIME	MINUTE		imia	DIC DADGE MIMPER		W. Gall		E NIIMDED*	SUPPLEMENT (CORRECTION or ADDITION TO NO LOGISHOUS REPORT ANY TO GORD)		
							CHECKED BY OFFICER'S BADGI	E NUMBER"	TO AN EXCERNING REPORT SIGN T TO COPYS			

	OH OF SAPE	HIO DEPARTMENT PUBLIC SAFETY		2,0,1,9,0	6 7 4					
	UNIT#	OWNER NAME: LAST, FIRST, MIC	(= 3	Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	( Same As Driver 8 . 8 . 8 . 0 . 2 .		DAMAGE DAMAGE SCALE		
R	0 1 OWNER ADD	PRESS: STREET, CITY, STATE, ZIP	( Same As	s Driver)	2 1 0 0 0	0,0,0,0,2	1 - NONE	3 - FUNCTIONAL DAMAGE		
OWNER		MAPLEVIE	W DR	SEVEN H	OH COMMERCIAL CARRIER PHONE:		4 2 - MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN		
	COMMERCIAL	CARRIER: NAME, ADDRESS, CITY, STA	TE, ZIP		DAMAGED AREA(S)					
f	LP STATE	LICENSE PLATE #	4.0470	VEHICLE IDENTIFICATION#	VEHICLE YEAR 3, 2, 1, 2, 0, 0	VEHICLE MAKE		INDICATE ALL THAT APPLY		
		HJN4865  URANCE INSURANCE COMPANY		15   8   F   7   7   F   2   9   6   3	VEHICLE COLOR	Chevrolet  VEHICLE MODEL	12 1	11 12		
	U VE	TYPE OF USE	Т	US DOT#	BLU TOWED BY: COMPANY NAME	Malibu	10 2	10 1 1 2		
	□ соммен		IN EMERGENCY RESPONSE		1		7	3 9 9 3 4		
	□ INTERLO	☐ HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	☐ MATERIAL RELEASED	US MATERIAL CLASS # PLACARD ID #	8 6 5	12 7 6 5		
	EQUIPPE	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS. 12 - GOLF CART	PLACARD  18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER	10 /	11 12 1		
	0 1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE	9 (	10 2 9 3 3		
	4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR  5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT  6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE 17 - MOTORHOME				22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	7.8	7 1 5 74		
VEHICLE		# OF TRAILING UNITS	(ATV / UTV)				11 12	7 6 5 11 12 1		
VE		WAS VEHICLE OPERATING IN AUTO	ONOMOUS C	0 - NO AUTOMATION	3 - CONDITIONAL	9 - UNKNOWN	10 11 1	10 1 1 2		
	2	MODE WHEN CRASH OCCURED?	AUTONON	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	3-0111107711	9 9 3	3 9 9 3		
		1-YES 2-NO 9-OTHER/UNK	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER	8 7 6 5	8 7 5 4		
	O 1 2 - 7 AXI 7 - BUS - INTERCITY 8 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER		12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	17 - MOWING 18 - SNOW REMOVAL 19 - TOWING	99 - OTHER /UNKNOW N	6	6			
	FUNCTION 5 - BUS-TRANSITICOMMUTER 10 - AMBULANCE 15 - CONSTRUCT				20 - SAFETY SERVICE PATROL	12 - CONCRETE MIXER	12	12 12 12		
	0 1 / NOT APPLICABLE MOTO		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	CHASSIS 6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE		, , ,	3 9 3 3 9 3 3		
	BODY TYPE	1 - TURN SIGNALS	4 - BRAKES	7 - GRAIN/CHIPS/GRAVEL  7 - WORN OR SLICK TIRES	11 - DUMP 9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN  99 - OTHER / UNKNOWN	- 6	⊕		
		2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	55 - OTHER/ DIRRIOWIN		6 6 6		
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE [0]	☐ - UNDERCARRIAGE [14] ☐ - ALL AREAS [15]		
	NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED	CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	35 - OTTEN / DINNOWN		F NOT AT SCENE [16]		
	_	1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING	INI	TIAL POINT OF CONTACT		
		3 - STRIKING PRE-CRASH 4 - STRUCK ACTION	3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 4 - OVERTAKINGIPASSING 10 - PARKED		SPECIFIED LOCATION 20 - OTHER NON-MOTORIST 15 - WALKING, RUNNING, 21 - STANDING OUTSIDE		0 1 0-NO DAMAGE			
		5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 6 - MAKING LEFT TURN 12 - DRIVERU CO.		JOGGING, PLAYING 16 - WORKING	DISABLED VEHICLE 99 - OTHER / UNKNOWN	1-12 - REFER TO DIAGRAM			
		9 - OTHER / UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHICLE			TRAFFIC		
		1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN		
	. 1 5	3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING	14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID	19 - LOAD SHIFTING/ FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY	6 2 - SIGNAL 5 - YIELD SIGN		
	CONTRIBUTING	6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING ACTION		# of THROUGH LANES	3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING		
(S)	CIRCUMSTANCES						ON ROAD	1 - NOT INVOLVED		
EVENT(S)	SEQUENCE OF			NON-COLLISION			4	2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING		
	1 0 8 1	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMFRSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER	22 - WORK ZONE MAINTENANCE EQUIPMENT	UNI	T / NON-MOTORIST DIRECTION		
		4 - JACKKNIFE 5 - CARGO / EQUIPMENT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN		1 - NORTH 5 - NORTHEAST		
	- 0 0	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE	FROM   3   TO	2-SOUTH 6-NORTHWEST  4 3-EAST 7-SOUTHEAST		
	3			COLLISION WITH FIXED OBJECT		24 - OTHER MOVABLE		4 - WEST 8 - SOUTHWEST		
	41 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH	50 -WORKZONE MAINTENANCE EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED		
		STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - TUNNEL	6,0,	1 1 1 - STATED/ESTIMATED SPEED		
		28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER	SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR		
	6	50 - GUANDINAL FACE	36 - MEDIAN OTHER BARRIER				POSTED SPEED	3 - UNDETERMINED		
	, 1 .	FIRST HARMEN FOR	2 .	MOST HARMFUL EVENT			6 0			
HS	Y8304 OH1U 1/19 [	FIRST HARMFUL EVENT		MOSI HARMFUL EVENT				PAGE OF		

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER				
						_ 2	0 1 9	0   6	6 <sub> </sub> 7 <sub> </sub> 4		
M UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER				
T O 1 COOPER MICHAEL D						0 7 0 8 1 9 6 8 5 0 M					
ADUNCAS SIREE, UIT, SIAIE, DF						2		: 3 ∣3	8   8	3   8	0   2
1002						SEATING POSITION AIR BAG USAGE EJECTION TRAP				TRAPPED	
5 S				USED	0 4 1	DOT-COMPLIAN  MC HELMET	0	1	1	_1	<u> </u>
OL STATE OPERATOR LICEN	NSE NUMBER	OFFENSE CHARG	3ED .	LOCAL OFFE	NSE DESCRIPTION				CITATION NUMBER		
O H RQ01787											
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED  ALCOHOL MAR		ONDITION	ALCOHO TYPE	OL TEST VALUE	STATUS		JG TEST(S) RESUL	T SELECT UP TO 4
		il <sup></sup>	OTHER DRUG	RIJUANA	1 1		• <u> </u>	_11	_ _1_		
M UNIT # NAME: LAST, FIRST,	MIDDLE			-	·		DATE OF BI	RTH		AGE	GENDER
0											
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT	PHONE - INCLUDE AREA CODE				
T / INJURIES INJURED EM	IS AGENCY (NAME)	INJURED TAKEN TO: MEDICA	AL FACILITY (NAME, CITY)	SAFETY EQUIP	PMENT		SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
N TAKEN O   BY				USED		DOT-COMPLIAN MC HELMET	п				1.
OL STATE OPERATOR LICEN	NSE NUMBER	OFFENSE CHARG	)ED	LOCAL OFFE	NSE DESCRIPTION				CITATION NUMBER		11
0 T				CODE							
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED		ONDITION STATUS	ALCOHO TYPE	OL TEST VALUE	STATUS	DRI TYPE	JG TEST(S) RESULT	T SELECT UP TO 4
S T		BY	ALCOHOL MAR OTHER DRUG	RIJUANA			<b>-</b> [ ]				11 11 1
M UNIT# NAME: LAST, FIRST,	MIDDLE		OTHER BROG				DATE OF BI	RTH		AGE	GENDER
о т о									_		
R ADDRESS: STREET, CITY, STATE, ZIP						CONTACT	PHONE - INCLUDE AREA CODE		•		
S T		INJURED TAKEN TO: MEDICA	AL FACILITY MANY AND	SAFETY EQUIP	MENT		SEATING POS	UTION I	AIR BAG USAGE	EJECTION	TRAPPED
N INJURIES INJURED EM TAKEN BY	IS AGENCY (NAME)	INJURED TAKEN TO: MEDICA	RE PACIEITT (NAME, CITT)	USED	MEN!	DOT-COMPLIAN		illon	AIR BAG USAGE	EJECTION	IRAPPED
OL STATE OPERATOR LICEN	NSE NUMBER	OFFENSE CHARG	OFFENSE CHARGED LOCAL OFFENSE DESCRIPTION							ION NUMBER	
M O T				CODE							
O OL CLASS ENDORSEMENT R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED	D CC	ONDITION	ALCOHO TYPE	OL TEST VALUE	STATUS	DRI TYPE	JG TEST(S)	T SELECT UP TO 4
<b>1</b> <b>5</b>		BY		RIJUANA		, , , , ,	_	JIII	111111111111111111111111111111111111111	I I II	
INJURIES	SEATING POSITION	AIR BAG	OTHER DRUG OL CLA	ASS	OL RESTRICTI	ON(S)	DRIVER DIS	TRACTION		TEST STA	ATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A		1 - ALCOHOL INTERLO	CK	1 - NOT DISTRACTED		1 - NONI	E GIVEN	
2 - SUSPECTED SERIOUS INJURY	(			2 - CLASS B							
	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRASTATE O	INLY	2 - MANUALLY OPERA		2 - TEST	REFUSED	
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE	2 - CLASS B 3 - CLASS C		DEVICE		2 - MANUALLY OPERA ELECTRONIC COM DEVICE (TEXTING,	MUNICATION	3 - TEST	GIVEN, CONTA	
4 - POSSIBLE INJURY			3 - CLASS C	OHIO = D)	DEVICE 2 - CDL INTRASTATE O 3 - CORRECTIVE LENS 4 - FARM WAIVER	ES	ELECTRONIC COM DEVICE (TEXTING, DIALING)	MUNICATION TYPING,	3 - TEST SAMF	GIVEN, CONTA PLE / UNUSABLE	<b>E</b>
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	3 - DEPLOYED SIDE	3 - CLASS C	,	DEVICE  2 - CDL INTRASTATE O  3 - CORRECTIVE LENS	ES	ELECTRONIC COM DEVICE (TEXTING, DIALING) 3 - TALKING ON HAND	MUNICATION TYPING, S-FREE	3 - TEST SAMF 4 - TEST	GIVEN, CONTA PLE / UNUSABLE GIVEN, RESUL	TS KNOWN
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  INJURED TAKEN BY 1 - NOT TRANSPORTED	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIE	3 - CLASS C  4 - REGULAR CLASS (C	,	DEVICE 2 - CDL INTRASTATE O 3 - CORRECTIVE LENS 4 - FARM WAIVER 5 - EXCEPT CLASS A B 6 - EXCEPT CLASS B BUS	ES US	ELECTRONIC COM DEVICE (TEXTING, DIALING)	MUNICATION TYPING, S-FREE DEVICE	3 - TEST SAMF 4 - TEST	GIVEN, CONTA PLE / UNUSABLE	TS KNOWN
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  INJURED TAKEN BY 1 - NOT TRANSPORTED /TREATED AT SCENE	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	3 - DEPLOYED SIDE  4 - DEPLOYED BOTH FRONT / SIE  5 - NOT APPLICABLE	3 - CLASS C  4 - REGULAR CLASS (C  5 - M / C MOPED ONLY	,	DEVICE 2 - CDL INTRASTATE O 3 - CORRECTIVE LENS 4 - FARM WAIVER 5 - EXCEPT CLASS A B 6 - EXCEPT CLASS A 8 - CLASS B BUS 7 - EXCEPT TRACTOR-	ES US TRAILER	ELECTRONIC COM DEVICE (TEXTING, DIALING) 3 - TALKING ON HAND COMMUNICATION I 4 - TALKING ON HAND COMMUNICATION I	MUNICATION TYPING, S-FREE DEVICE -HELD DEVICE	3 - TEST SAMF 4 - TEST	GIVEN, CONTA PLE / UNUSABLE GIVEN, RESUL	E TS KNOWN TS UNKNOWN
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  INJURED TAKEN BY 1 - NOT TRANSPORTED //TREATED AT SCENE 2 - EMS	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	3 - CLASS C  4 - REGULAR CLASS (C  5 - M / C MOPED ONLY  6 - NO VALID OL	,	DEVICE 2 - CDL INTRASTATE O 3 - CORRECTIVE LENS 4 - FARM WAIVER 5 - EXCEPT CLASS A B 6 - EXCEPT CLASS B BUS	ES US TRAILER	ELECTRONIC COM DEVICE (TEXTING, DIALING) 3 - TALKING ON HAND COMMUNICATION I 4 - TALKING ON HAND COMMUNICATION I 5 - OTHER ACTIVITY V	MUNICATION TYPING, S-FREE DEVICE -HELD DEVICE WITH AN	3 - TEST SAMF 4 - TEST	GIVEN, CONTAPLE / UNUSABLE GIVEN, RESUL GIVEN, RESUL ALCOHOL TE	E TS KNOWN TS UNKNOWN
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY INJURED TAKEN BY 1 - NOT TRANSPORTED //TREATED AT SCENE 2 - EMS 3 - POLICE	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIL 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION	3 - CLASS C  4 - REGULAR CLASS (C  5 - M / C MOPED ONLY  6 - NO VALID OL  OL ENDORS	,	DEVICE 2 - CDL INTRASTATE O 3 - CORRECTIVE LENS 4 - FARM WAIVER 5 - EXCEPT CLASS A B 6 - EXCEPT CLASS B BUS 7 - EXCEPT TRACTOR- 8 - INTERMEDIATE LICI RESTRICTIONS 9 - LEARNER'S PERMIT	ES US TRAILER ENSE	ELECTRONIC COM DEVICE (TEXTING, DIALING) 3 - TALKING ON HAND COMMUNICATION I 4 - TALKING ON HAND COMMUNICATION I	MUNICATION TYPING, S-FREE DEVICE -HELD DEVICE WITH AN	3 - TEST SAMF 4 - TEST 5 - TEST	GIVEN, CONTA PLE / UNUSABLE GIVEN, RESUL GIVEN, RESUL ALCOHOL TE	E TS KNOWN TS UNKNOWN
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4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  INJURED TAKEN BY 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN  SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIG 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE  TRAPPED	3 - CLASS C 4 - REGULAR CLASS (C 5 - M / C MOPED ONLY 6 - NO VALID OL OLENDORS H - HAZMAT M - MOTORCYCLE P - PASSENGER	SEMENT	DEVICE  2 - CDL INTRASTATE O  3 - CORRECTIVE LENS  4 - FARM WAIVER  5 - EXCEPT CLASS A  & CLASS B BUS  7 - EXCEPT TRACTOR-  8 - INTERMEDIATE LICIT RESTRICTIONS  9 - LEARNER'S PERMIT RESTRICTIONS  10 - LIMITED TO DAYLOONLY  11 - LIMITED TO EMPLOY  11 - LIMITED TO EMPLOY  13 - CORRECTIVE CONTRACTOR OF THE CONTRACTOR ONLY	ES US TRAILER ENSE	ELECTRONIC COM DEVICE (TEXTING, DIALING)  3 - TALKING ON HAND COMMUNICATION I  4 - TALKING ON HAND COMMUNICATION I  5 - OTHER ACTIVITY V ELECTRONIC DEVI  6 - PASSENGER 7 - OTHER DISTRACTI	MUNICATION TYPING, S-FREE DEVICE -HELD DEVICE WITH AN CE ON INSIDE	3 - TEST SAMF 4 - TEST 5 - TEST 1 - NON 2 - BLOG 3 - URIN 4 - BREA	GIVEN, CONTA GIVEN, RESUL GIVEN, RESUL ALCOHOLTE E DD	E TS KNOWN TS UNKNOWN
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4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  INJUREO TAKEN BY 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN  SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - NIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIG 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE  TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED DY  MECHANICAL MEANS 3 - FREED BY	3 - CLASS C  4 - REGULAR CLASS (C  5 - M / C MOPED ONLY  6 - NO VALID OL  OL ENDORS  H - HAZMAT  M - MOTORCYCLE  P - PASSENGER  N - TANKER  Q - MOTOR SCOOTER  R - THREE-WHEEL MO S - SCHOOL BUS T - DOUBLE & TRIPLE	SEMENT	DEVICE  2 - CDL INTRASTATE O  3 - CORRECTIVE LENS  4 - FARM WAIVER  5 - EXCEPT CLASS A B  6 - EXCEPT CLASS A B  8 - CLASS B BUS  7 - EXCEPT TRACTOR-  8 - INTERMEDIATE LICIT RESTRICTIONS  9 - LEARNER'S PERMIT RESTRICTIONS  10 - LIMITED TO DAYLING ONLY  11 - LIMITED TO EMPLO  12 - LIMITED - OTHER  13 - MECHANICAL DEV (SPECIAL BRAKES CONTROLS, OR O'LE ADAPTIVE DEVICE  14 - MILITARY VEHICLE  15 - MOTOR VEHICLES	ES  US  TRAILER ENSE  GHT  OYMENT  ICES HAND THER S) ES ONLY	ELECTRONIC COM DEVICE (TEXTING, DIALING)  3 - TALKING ON HAND COMMUNICATION I  4 - TALKING ON HAND COMMUNICATION I  5 - OTHER ACTIVITY V ELECTRONIC DEVI 6 - PASSENGER 7 - OTHER DISTRACTI THE VEHICLE 8 - OTHER DISTRACTI THE VEHICLE 9 - OTHER / UNKNOWI  1 - APPARENTLY NOF 2 - PHYSICAL IMPAIRI 3 - EMOTIONAL (E.G. D. ANGRY, DISTURBED)	MUNICATION TYPING, S-FREE DEVICE -HELD DEVICE VITH AN CCE ON INSIDE ONS OUTSIDE N ITION MEMAL MENT	3 - TEST SAMF 4 - TEST 5 - TEST 1 - NON 2 - BLOC 3 - URIN 4 - BREJ 2 - BLOC 3 - URIN 4 - OTHE	GIVEN, CONTA PLE / UNUSABLE GIVEN, RESUL  ALCOHOL TE E DD DRUG TES E DD DRUG TES E E DD E ER	E TS KNOWN TS UNKNOWN  ST TYPE
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OHIO DEPARTMENT OF PUBLISHED OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER						
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	G	ENDER	11 - LIGHTIN	G - PEDESTRIAN	15 - NON-MOTORIST						
F - FEMALE			/ BICYCLE	ONLY	99 - OTHER / UNKNOWN						
M - MALE			99 - OTHER /	UNKNOWN		TRAPPED  1 - NOT TRAPPED					
U - OTHER/UNI	KNOWN					1 - NOT TRAPPED  2 - EXTRICATED BY MECHANICAL MEANS					
						3 - FREED BY NON-MECHANICAL MEANS					
NAME: LAST, FIRST	T, MIDDLE					DATE OF BII	RTH	AGE	GENDER		
8								بالللا	I		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AF	REA CODE				
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NAME: LAST, FIRST	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER				
8							UALE OF BIKITH				
ADDRESS: STREET	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AR	REA CODE		<u> </u>		
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NAME: LAST, FIRST	r, MIDDLE					DATE OF DIE	RTH	AGE	GENDER		
							DATE OF BIRTH AGE GENDER				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
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