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OHIO T OF PU	DEPARTMENT UNIT						20	2 3 - 0	REPORT NUMBER 2 5 0				
	OWNER NAME: LAST, FIRS GUY, BRENDA SU	JE		OWN	ER PHONE: 18	CLUDE AREA COCE (SAME AS DRIV	DAMAGE SCALE						
4	DRESS: STREET, CITY, STATE	_	•				2 1 - NONE 3 - FUNCTIONAL DAMAGE L J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE						
	IAL CARRIER: NAME, ADDR			Co	MMERCIAL CARRIE	ER PHONE: INCLUDE AREA CODE	9 - UNKNOWN						
LP STATE	LICENSE PLATE#	VEHICLE	IDENTIFICATION#	<u> [</u>	УЕНІСЬЕ Y 2 0 1	EAR VEHICLE MAKE	J DAMAGED AREA(S) INDICATE ALL THAT APPLY						
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INTERL DEVICE	OCK HIT/SKIP UNI	HOCCOPANIS	HICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS		MATERIAL RELEASED PLACARD	OUS MATERIAL CLASS # PLACARD ID :	8 7	5 74	8 7 5 5				
0 , 1 UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) # OF TRAILING UNITS	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALLTERRAINVEHICLE (ATV/UTY)	13 - >26K LBS. 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNITTRUCK 15 - SEMI-TRACTOR 16 - FARIM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LI 19 - BUS (16- 20 - OTHER V 21 - HEAVY F 22 - ANIMAL	VERY VEHICLE) + PASSENGERS) EHICLE	23 - PEDESTRIAN / SKATER 24 - WHEEL CHAIR (ANY TYPE 25 - OTHER NON-MOTORIST 25 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HITJSKIP)	9 10 8	1 12 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
2	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	9 0	0 - NOAUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITI 4 - Highau 5 - Fullau	TOMATION	N 9 - WKHOWN	10 11	12 1 2 2 3 3 3	10 11 12 1 2 2 3 3 3				
	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SHOW R 19 - TOWING 20 - SAFETY	EMOVAL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 7	6 5	12 12 12				
O 1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOVING ANOTHER MOTOR VEHICLE 4 - LOGGING	CHASSIS	8 - POLE 9 - CARGOT. 10 - FLAT BE 11 - DUMP		12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGEÆFUSE 99-OTHER/UNKNOWN		12 Ja 9	3 9 3 3				
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORH OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTORT 10 - DISABLE ACCIDEN	D FROM PRIOR	99-OTHER/UNKNOWN		6] - NO DAMAGE [(6 6 6 6 0] - UNDERCARRIAGE [14]				
HON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION – OTHER 4 - MIDBLOCK – MARKED CROSSWALK 5 - TRAVEL LANE – OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10-DRIVEW	CROSSING ISLANI Ay Access USE Paths or	D 12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER/UNKNOWN			-ALL AREAS [15]				
1 ACTION	3-STRIKING 4-STRUCK PRE-GRASH 5-BOTH STRIKING ASTRUCK	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED INTRAFFIC	14 - ENTERII SPECIFI 15 - WALKIN JOGGING 16 - WORKIN	G, PLAYING G	18-APPROACHING OR LEAVING VEHICLE 19-STANDING 20-OTHER NON-MOTORIST 21-STANDING OUTSIDE DISABLED VEHICLE	1,2	0 - NO DAMAGI	TO UNIT 15 - VEHICLE NOT AT SCENE				
	9 - OTHER / UNKNOWN	7-LEFT OF CENTER	12-DRIVERLESS 13-IMPROPER START FROM A	17 - PUSHIN		99 - OTHER / UNKNOWN 21 - LYING IN ROADWAY			TRAFFIC				
O 8 CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED	8-FOLLOWING TOO CLOSE / ACD) 9-IMPROPER LANE CHANGE 10-IMPROPER PASSING 11-DROVE OFF ROAD	DEDUCO DARITIAN	18 - OPERAT EQUIPM 19 - LOAD SI SPILLIN	IIFTING/FALLING/	22 - NOT DISCERNIBLE 23 - Opening door into	1	1 - ONE-WAY 2 - TWO-WAY J DUGH LANES	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING				
SEQUENCE	6-IMPROPERTURN OF EVENTS	12-IMPROPER BACKING					ON	ROAD	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING				
1 <mark>2 0</mark>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	EVENTS 11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF TRAVEL	16 - RAILWA' 17 - ANIMAL	— FARM	22 - WORK ZONE MAINTENAN Equipment 23 - Struck by Falling,			3 - INVOLVED-PASSIVE CROSSING 4-MOTORIST DIRECTION				
2 <u> </u>	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/ EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN COLLISIO	12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE N WITH FIXED OBJECT		- OTHER /EHICLE IN ORT MOTORVEHICLE	SHIFTING CARGO OR ANYTHING SET IH MOTIC BY A MOTOR VEHICLE 24 - OTHER MOYABLE OBJECT	FROM)	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST				
4[25-IMPACT ATTENUATOR / CRASH CUSHION 26-BRIDGE OYERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	43 - CURB 44 - DITCH 45 - EMBANN		50-WORK ZONE MAINTENAN EQUIPMENT 51-WALL	CE -	NIT SPEED	9 - OTHER / UNKNOWN DETECTED SPEED				
5 6 6	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER	SUPPORT 40-UTILITY POLE 41-OTHER POST, POLE OR SUPPORT	46 - FENCE 47 - MAILBO 48 - TREE	x	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/ UNKNOWN	P0:	STED SPEED	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED				
1	30-GUARDRAIL FÁCE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRE HY	UKANI	W-ATTERV GREENAME	[3	3 ,5					



OWNER NAME: LAST FIRST MIDDLE (MISAME AS DRIVER) OWNER PHONE: INCLUDE AREA COLE (SAME AS DRIVER) DAMAGE FRANKS, CHARLES FELL 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER 1 - NONE 169 INDIANHEAD DR HEATH, OH 43056 __ 1 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN COMMERCIAL CARRIER: NAME ADDRESS, CITY, STATE, 71P COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE #
O , H , 494YVH vehicle identification # 1 G,Y K,P G,RS, 2 MZ, 1, 3, 5, 0, 9, 0 VEHICLE YEAR VEHICLE MAKE 2 0 2 1 Cadillac INSURANCE COMPANY
VERIFIED STATE FARM VEHICLE MODEL INSURANCE POLICY # XTS DBI US DOT # TYPE OF USE TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL RELEASED CLASS # PLACARD ID # 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. HIT/SKIP UNIT DEVICE EQUIPPED 0 2 PLACARD Ĵ 3 - >26K LB\$. 1.1 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18 - LIMO (LIVERY VEHICLE) 23-PEDESTRIAN/SKATER 24 - WHEFI CHAIR (ANY TYPE) 2 - PASSENGER VAN GROOT DE STATE DE LA LACOCYCLE 9 - AUTOCYCLE 9 - AUTOC 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13. SNOWMOBILE 19 - BUS (16+ PASSENGERS) 14-SINGLE UNITTRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 27 - TRAIN 5 - CARGO VAN 22 - ANIMAL WITH RIDER OR 16 - FARM EQUIPMENT 11-ALLTERRAINVEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) # OF TRAILING UNITS 0 - NOAUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION 1 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS-CHARTER/TOUR 11-FIRE 16 - FARM 21 - MAIL CARRIER **0 1** 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER/ UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18 - SHOW REMOVAL UNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY 19-TOWING 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 0 1 / NOT APPLICABLE MOTORVEHICLE CHASSIS 13-AUTOTRANSPORTER 9 - CARGOTANK CARGO 2-BUS 6 - CARGO VANVENCLOSED BOX 4 - LOGGING 10-FLAT BED 14-GARBAGE/REFUSE BODY Type 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99-OTHER/UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTORTROUBLE 99-OTHER/UNKNOWN VEHICLE 2-HEADLAMPS 5 - STEFRING 8 - TRAILER FOLIPMENT 10 - DISABI ED FROM PRIOR DEFECTIVE DEFECTS 3-TAIL LAMPS 6 - TIRE BLOWOUT ☐-NO DAMAGE [0] - UNDERCARRIAGE L 14 J 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER 1-INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE AT INCIDENT SCENE CROSSWALK ☐-TOP [13] - ALL AREAS [15] 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS HON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 8 - SIDEWALK 11 - SHARED USE PATHS OR 99-OTHER/UNKNOWN LOCATION CROSSWALK I - UNIT NOT AT SCENE [16] 5 - TRAVEL LANE -- OTHER LOCATION 1 - STRAIGHT AHEAD 13 - NEGOTIATING A CURVE 18-APPROACHING 1 - HOH-CONTACT 7 - MAKING U-TURN INITIAL POINT OF CONTACT OR LEAVING VEHICLE 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 2 - NON-COLLISION 2 - BACKING 4 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING → 3-STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUHNING, 20 - OTHER NON-MOTORIST 0 6 ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10-PARKED DIAGRAM JOGGING, PLAYING 99 - LINKNOWN 21 - STANDING OUTSIDE 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 11-SLOWING OR STOPPED 13 - TOP 16 - WORKING DISABLEDVEHICLE INTRAFFIC & STRUCK 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 1 - NONE 7-LEFT OF CENTER 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 18-OPERATING DEFECTIVE 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED O 1 3-RAN RED LIGHT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - SIGNAL 5 - YIELD SIGN 2 - TWO-WAY ILLEGALLY 19-LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING J 3-FLASHER 6 - NO CONTROL 15-SWERVING TO AVOID CONTRIBUTING 5-UNSAFE SPEED CIRCUMSTANCES 5-UNSAFE SPEED SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12-IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS **, 2** 2 - INVOLVED-ACTIVE CROSSING **EVENTS** 3 - INVOLVED-PASSIVE CROSSING 2 0 1 - OVERTURIVROLLOVER 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF FOILIPMENT 17 - ANIMAL - FARM 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS TRAVEL UNIT / NON-MOTORIST DIRECTION 23 - STRUCK BY FALLING. 18-ANIMAL - DEER 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19 - ANIMAL -- OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD I FFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO/ EQUIPMENT BY A MOTOR VEHICLE 10-CROSS MEDIAN _ T0 ∟**1** 14-PEDESTRIAN TRANSPORT 3 - EAST 7 - SOUTHEAST 24 - OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTORVEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER /JINKNOWN 25-IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50-WORK ZONE MAINTENANCE / CRASH CUSHION EQUIPMENT 32-PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED 27 - BRIDGE PIER OR ABUTMENT

A- MEDIAN GUARDRÁIL
RADDIED 52 - BUILDING 46 - FENCE 2 - CALCULATED / EDR 40-UTILITY POLE 53 -TUNNEL 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 4R.TRFF 3 - UNDETERMINED POSTED SPEED 29 - RRIDGE RAII OR SUPPORT BARRIER 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 36 - MEDIAN OTHER BARRIER 30 - GUARDRAIL FACE 42 - CULVERT 3 __1 J FIRST HARMFUL EVENT __ MOST HARMFUL EVENT

LOCAL REPORT NUMBER

250

2023

OHIO DEF	OFF PUBLIC STREET MOTORIST / NON-MOTORIST									2 3		D O		5	0		
UNIT#	NAME: LAST,	FIRST, MIDDLE								D	ATE OF BIRTH		1	3E	GENDER		
01		ENDA SUE		0 3 / 2 1 / 1 9 6 9 5 3 F													
2	STREET, CITY, ST	•	220						_	_	NE - INCLUDE ARE	A CODE		_			
Ξ		NASHPORT, OH 438 EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (HAME, CITY) SAFETY EQUIPMENT					T SEATING POSITION AIR BAG USAGE EJECTION TRAPPE									
NON 5	TAKEN BY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	USED 0 4		HELME.	NT	1	1	1 ,	1 1		
OL STATE	TE OPERATOR LICENSE NUMBER				E CHA	RGED	LOCAL	OFFENSE DESC	RIPTION	:		CITA	TION NUM	BER	<u> </u>		
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UNIT#	NAME: LAST,	FIRST, MIDDLE								D	ATE OF BIRTH		A	3E	GENDER		
0 2	FRANKS,	CHARLES FELL							0 5	/ 1	8 / 1	9 4	7 7	5	M		
3	STREET, CITY, ST								CONTA	CT PHO	NE - INCLUDE ARE	A CODE		_			
169 INI INJURIES		D DR HEATH, OH 430 EMS AGENCY (NAME)	56	Tinuncar	A WELL TO	MIPOTONI PROTETTY		SAFETY EQUIPMENT			SEATING POSIT	7011 410 01) (
. 5 .	TAKEN BY	EMS ABENCT (NAME)		INJUKEUI	AKENI	: MEDICAL FACILITY	(NAME, CITY)	USED 0 4	□ DOT MC	-COMPLIA	NT	1UN AIR BA	G USAGE EJI	ECTION 1	TRAPPED 1		
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<u> </u>									L			1 1 1					
ADDRESS:	STREET, CITY, ST	ATE, ZIP						***************************************	CONTA	CT PHOI	NE - INCLUDE ARE	A CODE					
				1				T					<u> </u>				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED T	AKENTO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		-Complia HELMET	SEATING POSIT	TON AIR BA	G USAGE EJI	ECTION	TRAPPED		
OL STATE		ICENSE NUMBER	***************************************	OFFENS	OFFENSE CHARGED LOCAL			OFFENSE DESC				CITA	CITATION NUMBER				
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			BY			LCOHOL MAF THER DRUG	RIJUANA						'	,,			
INJU	RIES	SEATING POSITION	A	IR BAG	Ц°	OL CLASS	ŝ	OL RESTRIC	TION(S)	DR	IVER DISTRA	CTION	TES	T STA	TUS		
1 - FATAL	eenialie Illiiliov	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP			1 - CLASS A		1-ALCOHOL INTER		1 1 2 2	NOT DISTRACTED	110	1 - NONE GIV				
3 - SUSPECTED	SERIOUS INJURY Minor injury	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTATI 3 - CORRECTIVE LE			MANUALLY OPERAT Electronic comm Device (Texting, 1	UNICATION	2-TEST REF 3-TEST GIV	EN, CON			
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOT APP	ED BOTH FROM	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS A	l Dile	- 1	DIALING)	보험시	SAMPLE 4-TEST GIV		BLE Ults known		
1 11 - 11 - 11		(MOTORCYCLE PASSENGER) 5 - Second – Middle		MENT UNKNO	WN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		(TALKING ON HANDS COMMUNICATION D	EVICE	5-TEST GIV UNKNOW	EN, RESI			
1 - NOTTRANSP		6 - SECOND – RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER		TALKING ON HAND-I COMMUNICATION D		ALCOHO		TTVPF		
/TREATED AT 2 - EMS	SCENE	7-THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1-NOT EJE	ECTION CTED		OL ENDORSEM H-HAZMAT	VIENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE		OTHER ACTIVITY WI Electronic Devic		1-NONE				
3 - POLICE		8-THIRD-MIDDLE 2-PARTIALI			LY EJECTED M - MOTORCYCLE				9 - LEARNER'S PERMIT RESTRICTIONS			6 - PASSENGER 2 -			2 - BLOOD 3 - URINE		
9-OTHER/UNK		10-SLEEPER SECTION 4-NOT APPL			化氯化丁基化氯 医多种性 医人名英格兰人姓氏法 医多种性 网络拉拉斯 医多种性 医二甲基磺基酚				LIGHT ONLY	7 - OTHER DISTRACTION ONLY INSIDE THE VEHICLE			4-BREATH				
SAFETY EC 1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - Passenger in Other	HER TRAPPED			Q - MOTOR SCOOTER 11 - LIMIT			11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER			8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			5-OTHER		
2 - SHOULDER B	化二氯甲二二苯甲酰亚甲	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	PPED S-SCHOOL BUS				13 - MECHANICAL DE	VICES	VICES 9 - OTHER / UNKNOWN			DRUG TEST TYPE					
3 - LAP BELT ON 4 - Shoulder &		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	ATED BY T - DOUBLE & TRIPLE TRAILERS VICAL MEANS X - TANKER / HAZMAT				CONTROLS, OR O' ADAPTIVE DEVICE	THER		CONDITIO		2 - BL00D					
5 - CHILD RESTR		CARGO AREA 13-TRAILING UNIT	3 - FREED B' Non-Med	Y Chanical Me	ANS	A - IAUNEN/ HAZMAI		14 - MILITARY VEHIC				3-URINE 4-OTHER					
6 - CHILD REST	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT		MOTIONAL (E.G., DE NGRY, DISTURBED)		DRUG TE	ST RE	SULT(S)		
7 - BOOSTER SE		15 - NON-MOTORIST						16 - OUTSIDE MIRRO	R 4- ILLNESS				1-AMPHETA	MINES			
8 - HELMET USE 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18 - OTHER		F	ELL ASLEEP, FAINT Atigued, etc.		2 - BARBITU 3 - BENZODI		:s		
(ELBOW, KNE	ES, ETC.)									0	NDER THE INFLUE! F Medications / D Alcohol		4 - CANNABI	NOIDS			
10 - REFLECTIVE 11 - Lighting – F	PEDESTRIAN										THER/UNKNOWN		5-COCAINE 6-OPIATES	OPIOIDS	s		
/ BICYCLE ON 99 - Other / Unk													7 - OTHER 8 - NEGATIVE RESULTS				
		te transfer et al.						1		. 1		动 化氯化锑	" HEALITA	VUL			

	OCCUPANT / WITNESS ADDENDUM								2 0 2 3 - 0 0 0 0 1 2 5 0							
	UNIT#	NAME: LAS	T, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER												
	02	FRANKS	S, CAROL			0 7 / 0 :	1 / 1 ,9	5 3	6 9	F						
OCCUPANT		STREET, CITY,	STATE, ZIP AD DR HEATH, OH	CONTACT PHONE - INCLUDE AREA CODE												
ä	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT	T SEATING POSITION AIR BAG USAGE EJECTION TRAPPE								
ı	, 4	TAKÉN BY 1	Heath FD		USED 0 4 ,	DOT-COMPLIANT MC HELMET	, 0 , 3 ,	1, 1	, 1 ,	1 1						
2	UNIT #	NAME: LAS	T, FIRST, MIDDLE	· · · · · · · · · · · · · · · · · · ·				DATE OF BIRTH AGE GENDE								
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DECUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
	INJURIES	INHIDEN	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME CITY)	SAFETY FOUIDMENT	T SEATING POSITION AIR BAG USAGE EJECTION TRAPPE								
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	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATI	OF BIRTH		AGE	GENDER				
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DAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE						
OCCUPANT							T	<u> </u>		<u>L</u>	<u> </u>					
	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
<u>.</u>		ВУ				******		MC HELMET	لسلسا			LJ				
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATI	E OF BIRTH		AGE	GENDER				
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OCCUPANI	AUURESS:	STREET, CITY,	STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE										
	INJURIES	TNIHDED	EMS AGENCY (NAME)		INJURED TAKEN TO; MEDICAL FACIL	ITY (DAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	AID BAG HEAGE	FIECTION	TDADDED				
	IMJUNIES	TAKEN BY	LIND AGENCI (HAME)		INJOKED TAKEN TO, INEDICAL TACIL	DOT-COMPLIANT	3LK11NG / 031110N	AIR DAG GOAGE	ESCUTION	TRATTED						
		TNJI	IRIES	SAFFT	/ EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE	<u>. </u>				
F	1 - FATA	ઉત્સારમાં સુરકૃષ્ટિક		1 - NONE US		NA SERVICE STATE	T – LEFT SIDE		1 - NOT DE	og Williamski, kil						
ı	2 - SUSF	PECTED SE	RIOUS INJURY	VEHICLE	OCCUPANT	李婧 化二氯化二氯化二氯	ORCYCLE DRIV									
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ı	4 - POSS	SIBLE INJU	RY		FONLY USED ER & LAP BELT USED	4 - SECO	ND – LEFT SID	and the second s								
ı	5 - NO A	PPARENT I	NJURY	真正式 禁护的 经净额	ESTRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE	ENGER)	5 - NOT AP							
ı		INJURED	TAKEN BY	FORWAR			ND – RIGHT SI	DE		YMENT UNK	NOWN					
1		TRANSPOR		6 - CHILD RE	STRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	CAR)		EJECTIO	are he Drig Mhaillis Tal	o se tobbe pedaja				
ı	2 - EMS		CENE	7 - BOOSTER		THE BUILDING	D – MIDDLE		1 - NOT EJ							
ı	3 - POLI			8 - HELMET		and the first search and the	D – RIGHT SIDE		2 - PARTIALLY EJECTED							
ı	9 - OTHER / UNKNOWN 9 - PROTECT				IVE PADS USED		PER SECTION ENGER IN OTH		3 - TOTALI	Y EJECTED						
ı					KNEES, ETC.)		O AREA (NON-T		4 - NOT AP	PLICABLE						
ı					IVE CLOTHING G – PEDESTRIAN		ENGER IN UNE			TRAPPED						
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ı							R/UNKNOWN		MEANS							
	NAME: LAS	ST, FIRST, MIDD	LE	1				DATI	E OF BIRTH		AGE	GENDER				
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WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE	1 1					
	NAME: LAST, FIRST, MIDDLE								E OF BIRTH	·	AGE	GENDER				
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SS	commit LAS	,,, i 110 i, MIUU							- OF BIRTH		1 '	UMITER				
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