OF PUBLIC SAFETY TRAFFIC CRASH	KEPORT *DENOTES MAN LOCAL INFORMATION	IDATORY FIELD FOR SUPPLEME	NT REPORT	2023-	O CAL REPORT NUMBER	419			
PHOTOS TAKEN OH-1P OTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR								
SECONDARY CRASH PRIVATE PROPERTY	NCIC* 507	1 - SOLVED LJ 2 - UNSOLVED	020	1 98 - ANIMAL 99 - UNKNOWN					
L-GITY	, VILLAGE, TOWNSHIP*			CRASH DATE / T	_ 1	SH SEVERITY FATAL			
3 - TOWNSHIP	LOCATION ROAD NAME		ROAD TYPE	03032023 0306 4 2 - SERIOUS INJURY SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NUR! H 2 - SOUTH 3 - EAST 4 WEST	D R		862 3.	MINOR INJURY					
	HOPEWELL REFERENCE ROAD NAME (ROAD, M	IILEPOST. HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIB					
2 - SOUTH 3 - EAST	LICKING VIEW	,	D R		535 5	PROPERTY DAMAGE			
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATED	ONLY			
2 MILE DOCT 2 COUTU	INTERSTATE ROUTE(TP) AL -	ALLEY HW-HIGHWAY RI	D - ROAD Q - SQUARE		RSECTION OR ON APPROAC				
3- HOUSE # 3- EAST	I EDERAL OS ROOTE		F - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
	NUMBERED COUNTY ROUTE CR -		E - TERRACE TRAIL	ROADWAY					
1-MILES TR- 2-FEET	ROUTE	DRIVE PI - PIKE W	A - WAY	ROADWAY DIVIDED					
3 - YARDS		HEIGHTS PL - PLACE	·•						
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER	1 - NOT C	ER OF CRASH COLLISION/IMPAC OLLISION 4-REAR-TO-REAR	•1	DIRECTION OF TRAVEL 1 - NORTH	1 - DIVIDED FL	C001-201-201 70-404			
0 1 2-ON SHOULDER 10-DRIVEWAY/	TWO N	MOTOR 5-BACKING MOTOR 6-ANGLE		2 - SOUTH (< 4 FEET)					
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS		SPORT 7 - SIDESWIPE, SAME	Old-District Streets	3 - EAST 4 - WEST	(≥4 FEET 3 - DIVIDED, D) EPRESSED MEDIAN			
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAD-			4 - DIVIDED, RAISED MEDI (ANY TYPE)					
7 - ON RAMP 14-10LL BOOTE 8 - OFF RAMP 99-OTHER / UNI					9 - OTHER/UNI	KNOWN			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO		CONTOUR	CONDITIONS	SURFACE			
	LANE CLOSURE LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST W WARNING SIGN	ORK ZONE	1	_2	_2			
	VORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA				1 - CONCRETE			
4-1	NTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA 5 - TERMINATION ARE		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, 3 - CURVE LEVEL 3 - SNOW ASPHALT					
	OTHER		А	4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK					
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	R 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
1 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	1,0 .	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT,	6 - WATER (STANDING, MOVING) 5 - DIR			5 - DIRT			
4 - DARK — ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RAIN OR FREEZI	ING DRIZZLE 7 - SLUSH 9 - OTHER			9 - OTHER/UNKNOWN			
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER/ UNKNOWN			9 - OTHER/UNKNOWN				
NARRATIVE					No.	Indicate the north			
UNIT #1 WAS NORTHBOUND						direction with an "N" on the compass diagram.			
DRIVE CROSSING THE INTER				ScenePD ™ - Evaluation Edition		compass diagram.			
HOPEWELL DRIVE WITH A ST			Evaluation ation Edition	Evaluation Edition Edition		10000000000000000000000000000000000000			
WESTBOUND ON STATE ROU ENTERED THE INTERSECTION			HOPEWELL DR	Evaluation Editor	Evaluation Edition Evaluation Edition				
SIGN WITHOUT MAKING SUF		Evalue	Evaluation ation Edition	Eman 2	N Evaluation Edition				
WAS CLEAR AND ENTERED IN		_	E	Evaluation Edition	Evaluation Edition LICKING VIEW DRIVE	-			
FRONT OF UNIT #2 CAUSING			Evaluation ation Edition	July 1	Evaluation Edition				
COLLIDE.			Evaluation	Evaluation E Evaluation Edition	Edition				
		Evaluation Edition	stori Edistori		Evaluation Edition				
			Evaluation ation Edition	Evaluation Edition Edition	Not To Scale				
		Evaluation Edition		Evaluation E	Evaluation Edition Evaluation Edition				
		Evaluation Edition	Evaluation ation Edition	Evaluation Edition Edition					
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		Trancite (877) 908-4777 SCENE CLEARED D	DATE/TIME RE	PORT TAKEN BY			
AND THE PROPERTY OF THE PROPER	32023 1144 0		1500	3032023	V	POLICE AGENCY			
TOTAL TIME OTHER TOTAL	OFFICER'S NAME*	Сн	ECKED BY OFFI	CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUTI	Realii		arkley	y OFFICER'S BADGE N		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O 7 -		D 7	- 1	4 7	CONTRACTOR			

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						2 0 2	2 3 - 0 0	O O	ER 4 1	9						
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GEN								
01	DAY, KEITH ALLEN								0 2 /	2 6 / 1 9	6 9	5 4	М			
ADDRESS	S: STREET, CITY, ST	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS 441 NA INJURIES 5 0L STATE 0 H	TIONAL W	Y HEATH, OH 43056														
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COM	SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED			
<u>5</u>	BY							0 4	☐ MC HEL		3	_1	_1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION	,	CITATIO	N NUMBER				
O H				4510.	.111			Non Report			213144					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER Tracted				CONDITION	CONDITION ALCOHOL TEST STATUS TYPE VALUE S			RUG TEST(S YPE RESULT	SELECT UP TO 4			
. 4			BY	1	=	LCOHOL MAF THER DRUG	RIJUANA	1 1	1 1		. 1	L				
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER			
0 2		ERI MARIE							0 4 /	0 4 / 1	9 .6 .6	5 6	F			
	S: STREET, CITY, STA									PHONE - INCLUDE AREA O						
529 WI INJURIES	EHRLE AVE	NEWARK, OH 4305	5							1 1 1	1 1	1 1				
INJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)		DOT C	SEATING POSITIO	IN AIR BAG USAGE EJECTION TRAPPED					
NON 5	TAKEN BY							USED 0 4	MC HEL		2 1 1					
	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER					
OL STATE				331.1	.9		CODE	331.19			213144					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	UP TO 3 DRI	VER TRACTED	ALC	OHOL / DRUG SUSPE	ECTED	CONDITION	ALC STATUS TY	OHOL TEST PE VALUE	DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4					
4			BY	1	=		RIJUANA		1 1		1 1					
UNIT #	NAME: LAST, F	TOOT MADDLE		_	<u></u> о	THER DRUG			الث	DATE OF BIRTH		AGE	GENDER			
UNII #	NAIVIE: LASI, F	-IKSI, MIDDLE								DAIL OF BIRIT		AGE	GENDER			
ADDRESS	S STREET CITY ST	ATE 7ID						CONTACT PHONE - INCLUDE			1					
ORIGINAL PROPERTY.	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE															
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITIO	N AIR BAG US	AGE EJECTION	TRAPPED			
ADDRESS INJURIES	TAKEN BY						,	USED	MC HEL							
OL CLASS	TE OPERATOR LICENSE NUMBER OFFENSE CHA				SE CHAI				RIPTION		CITATIO	CITATION NUMBER				
							CODE									
OL CLASS	S ENDORSEMENT RESTRICTION SELECT UP TO 3 DR			TRACTED -		ECTED	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4						
			BY		=	_	RIJUANA									
TNJU	URIES	SEATING POSITION		AIR BAG	Шº	THER DRUG OL CLASS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA	TUS			
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEF			1 - CLASS A		1 - ALCOHOL INTER	and the second second second second	1 - NOT DISTRACTED	CONTRACTOR DESCRIPTION	NONE GIVEN				
	O SERIOUS INJURY O MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY				2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUN	HCATION	2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED					
4 - POSSIBLE II		3 - FRONT - RIGHT SIDE		YED SIDE 3 - CLASS C YED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER	INSES	DEVICE (TEXTING, TY	DEVICE (TEXTING, TYPING, SAMPLE /						
5 - NO APPAREI	A SECOND LEET SIDE			PLICABLE (OHIO = D)				5 - EXCEPT CLASS		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 5 - TEST GIVEN, RESULTS						
INJURED	INJURED TAKEN BY 5- SECOND - MIDDLE					MENT UNKNOWN 5- WICH MOPED UNLY 6- EXCEPT CLASS 6 - NO VALID OL & CLASS 8 BUS				4 - TALKING ON HAND-HE	ELD UNKNOWN					
1 - NOT TRANSF		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	Б.	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		COMMUNICATION DEV 5 - OTHER ACTIVITY WITH	Д	LCOHOL TES	T TYPE			
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE			H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	ELECTRONIC DEVICE	1-	NONE BLOOD				
3 - POLICE	0 THIRD DIGHT CIDE			LLY EJECTED M - MOTORCYCLE Y EJECTED P - PASSENGER			9 - LEARNER'S PER RESTRICTIONS	RMIT	6-PASSENGER 2-DLOOD 7-OTHER DISTRACTION 3-URINE							
	10 - SLEEPER SECTION 4 - NO		4 - NOT APP				10 - LIMITED TO DAY	LIGHT ONLY	INSIDE THE VEHICLE		4 - BREATH					
	SAFETY EQUIPMENT OF TRUCK CAB 1 - NONE USED 11 - PASSENGER IN OTHER T			PADDED 12 LIMITED OF			11 - LIMITED TO EM		8 - OTHER DISTRACTION (THE VEHICLE							
	2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1 - NOT TRA			PPED S - SCHOOL BUS 13 - MECHANICA			13 - MECHANICAL D	EVICES	9 - OTHER / UNKNOWN	DRUG TEST TYPE 1-NONE						
3 - LAP BELT 0	M		2 - EXTRICA	CATED BY NICAL MEANS T - DOUBLE & TRIPLE TRAILERS			(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		2 - BLOOD					
		12 - DASSENGER IN LINENCLASED		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		ADAPTIVE DEVI			3 - URINE					
4 - SHOULDER	& LAP BELT USED TRAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED E		EANIC			14 - MILITARY VEHI	CLESUNLY	2 - PHYSICAL IMPAIDMEN	IT .	ATHER				
4 - SHOULDER 6 5 - CHILD REST FORWARD F	& LAP BELT USED TRAINT SYSTEM – FACING	CARGO AREA 13 - TRAILING UNIT	3 - FREED E		EANS			15 - MOTOR VEHICLE		2 - PHYSICAL IMPAIRMEN 3 - EMOTIONAL (E.G., DEPR	ESSED,	OTHER				
4 - SHOULDER 6 5 - CHILD REST FORWARD F	& LAP BELT USED TRAINT SYSTEM – FACING TRAINT SYSTEM –	CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED E		EANS			15 - MOTOR VEHICLE AIR BRAKES	ES WITHOUT	3 - EMOTIONAL (E.G., DEPR ANGRY, DISTURBED)	ESSED,	RUG TEST RE				
4 - SHOULDER 6 5 - CHILD REST FORWARD F 6 - CHILD REST REAR FACIN 7 - BOOSTER SI	& LAP BELT USED TRAINT SYSTEM — FACING TRAINT SYSTEM — NG EAT	CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST	3 - FREED E		EANS			15 - MOTOR VEHICLE	ES WITHOUT DR	3 - EMOTIONAL (E.G., DEPR ANGRY, DISTURBED) 4- ILLNESS 5- FELL ASLEEP, FAINTEI	ESSED,					
4 - SHOULDER 5 - CHILD REST FORWARD F 6 - CHILD REST REAR FACIN	& LAP BELT USED TRAINT SYSTEM – TRAINT SYSTEM SYSTEM – TRAINT SYSTEM SYSTEM – TRAINT SYSTEM S	CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED E		EANS			15 - MOTOR VEHICLE AIR BRAKES 16 - OUTSIDE MIRRO	ES WITHOUT DR	3 - EMOTIONAL (E.G., DEPRANGRY, DISTURBED) 4- ILLNESS 5- FELL ASLEEP, FAINTEI FATIGUED, ETC.	ESSED, DI 1 - 0, 2 - 3 - F	RUG TEST RE AMPHETAMINES BARBITURATES BENZODIAZEPIN				
4 - SHOULDER. 5 - CHILD REST FORWARD F 6 - CHILD REST REAR FACIN 7 - BOOSTER SI 8 - HELMET US 9 - PROTECTIVI (ELBOW, KN	& LAP BELT USED TRAINT SYSTEM - TACING TRAINT SYSTEM - NG EAT SED TE PADS USED LEES, ETC.)	CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST	3 - FREED E		EANS			15 - MOTOR VEHICLE AIR BRAKES 16 - OUTSIDE MIRRO 17 - PROSTHETIC AII	ES WITHOUT DR	3 - EMOTIONAL (E.G., DEPR ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED FATIGUED, ETC. 6 - UNDER THE INFLUENC OF MEDICATIONS / DRI	ESSED, 1- 0, 2- E 4-	AMPHETAMINES BARBITURATES BENZODIAZEPIN CANNABINOIDS				
4 - SHOULDER A 5 - CHILD REST FORWARD F 6 - CHILD REST REAR FACIN 7 - BOOSTER SI 8 - HELMET US 9 - PROTECTIVI	& LAP BELT USED TRAINT SYSTEM — FACING TRAINT SYSTEM — NG EAT SED E PADS USED LIEES, ETC.) E CLOTHING PEDESTRIAN	CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST	3 - FREED E		EANS			15 - MOTOR VEHICLE AIR BRAKES 16 - OUTSIDE MIRRO 17 - PROSTHETIC AII	ES WITHOUT DR	3 - EMOTIONAL (E.G., DEPR ANGRY, DISTURBED) 4- ILLNESS 5- FELL ASLEEP, FAINTEL FATIGUED, ETC. 6- UNDERTHE INFLUENC	ESSED, D1 1- 0, 2- 3- E 4- 5- 6-	RUG TEST RE AMPHETAMINES BARBITURATES BENZODIAZEPIN	ES			

Ũ	OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM						202	3	LOCAL REP	ORT NUMBE	R 4 1	9			
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	UNIT #	NAME: LAST, FIRST, MIDDLE PRATHER, REBECCA L						0 2 /		OF BIRTH . / 1 9	9 0	AGE 3 3	GENDER		
Ę		STREET, CITY,										<u> </u>			
OCCUPAN			AL DR HEATH, OH	43056				CONTACT PHONE - INCLUDE AREA CODE							
9		INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT		s	EATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED		
	4	TAKEN BY 1	Heath FD			,	USED 0 4	DOT-COMPLI	IANT	0 3	3	1	1		
H	UNIT #		T, FIRST, MIDDLE						DATE	OF BIRTH		AGE	GENDER		
	01		ER, OCTAVIA					0 6 / 1			.1 .8 .	4	F		
Į		STREET, CITY,	<u> </u>					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	441 W	NATIONA	AL DR HEATH, OH	43056											
9		INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLI	S	EATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED		
	4	TAKEN By 1					USED O 6	MC HELME		0 4	1	1	1		
7	UNIT #	NAME: LAS	T, FIRST, MIDDLE						DATE	OF BIRTH		AGE	GENDER		
	01	PRATHI	ER, RESENESMEE					0 8 / :	1 0	/ 2 0	1 4	8	, F		
ANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN	441 W	NATIONA	AL DR HEATH, OH	43056											
٥	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLI	IANT	EATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED		
	4	BY 1					0 4	MC HELME	ET	0 6	_3 _	1	_1		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE						DATE	OF BIRTH		AGE	GENDER		
OCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHO	ONE -	INCLUDE AREA CO	DE				
9	*********		T =			,					Lara paga uga				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLE	IANT	EATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED		
			JRIES	CAFETY	Y EQUIPMENT USED		SEATING POS		- ' L		AIR BAG	LICACE			
	1 - FATA		JRIES	1 - NONE US			T – LEFT SIDE	IIION		1 - NOT DE		USAUL			
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 2 - SHOULDE 3 - LAP BEL				OCCUPANT (MOTORCYCLE DRIV			ER)			2 - DEPLOYED FRONT				
				ER BELT ONLY USED 7 ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SID 4 - SECOND - LEFT SID			=		3 - DEPLOYED SIDE						
							E		4 - DEPLOYED BOTH						
	5 - NO APPARENT INJURY				ER & LAP BELT USED ESTRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE	ENGER)		FRONT/SIDE 5 - NOT APPLICABLE					
		INJURED	TAKEN BY		D FACING 6 - SECOND - RI			DE		9 - DEPLOYMENT UNKNOWN					
		TRANSPOR		6 - CHILD RI REAR FA	ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	CAR)		EJECTION					
	/TREATED AT SCENE REAR FA 2 - EMS 7 - BOOSTEF				1 - NOT EJ				TON						
				8 - HELMET	USED	E OF TRUCK CAB 2 - PAR			IALLY EJECTED						
	, 0111211, 011111			TIVE PADS USED		ENGER IN OTH			3 - TOTAL	LY EJECTED					
				, KNEES, ETC.) CARGO AREA (NON BUS, PICK-UP WITH					4 - NOT APPLICABLE						
					G – PEDESTRIAN	NCLOSED		TRAPPED							
	/ BICYCLE					13 - TRAILING UNIT						NOTTRAPPED			
	99 - OTHER /			UNKNOWN 14 - RIDING ON VE					2 - EXTRICATED BY MECHANICAL MEANS						
					(NON- 15 - NON-			3 - FREED	BY NON-N	TECHANIC	AL				
							R / UNKNOWN			MEANS	5				
	NAME: LAS	ST, FIRST, MIDD	LE						DATE	OF BIRTH		AGE	GENDER		
WITNESS		SKI, DAN						0 1 / 2				2 0	F		
ΜI		STREET, CITY,						CONTACT PHO	ONE -	INCLUDE AREA CO	DE				
5	572 N MAIN ST UTICA, OH 43080 NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
SS															
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
≥															
	NAME: LAS	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDER							
WITNESS	99 99														
ΕIΜ	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHO	ONE -	INCLUDE AREA CO	DE					