OHIO DEPARTMENT TRAFFIC CRASH	REPORT *DENOTES MA	NDATORY FIELD FOR SUPPLEME	NT REPORT	L	OCAL REPORT NUMB	ER*				
□ 0H-2 ▼ 0H-3	LOCAL INFORMATION			2024-	0000	3 2 5 4				
PHOTOS TAKEN OH-1P OTHER SECONDARY CRASH	REPORTING AGENCY NAME* Heath PD		NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 0 2 98 - ANIMAL						
PRIVATE PROPERTY COUNTY* LOCALITY* LOCATION: CIT	Y, VILLAGE, TOWNSHIP*	<u> </u>		CRASH DATE / 1		P9 - UNKNOWN				
4 5 1 1-CITY 2-VILLAGE HEATH				04062024		1 - FATAL				
3 - TOWNSHIP ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE		2 - SERIOUS INJURY SUSPECTED				
2-SOUTH 3-EAST				39991	9 1 7	3 - MINOR INJURY SUSPECTED				
THE REST	REFERENCE ROAD NAME (ROAD, I	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	Ridgely Tract	·	R D	-82,476	852	5 - PROPERTY DAMAGE				
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELA	ONLY				
1-INTERSECTION FROM REFERENCE IR	- INTERSTATE ROUTE(TP) AL	- ALLEY HW- HIGHWAY RE	O - ROAD	F-7	RSECTION OR ON APPE	Strand Comp. 5				
3- HOUSE # 3 - EAST	PI BENAL OS NOSTE		C - SQUARE Γ - STREET	☐ WITHIN INTE	RCHANGE AREA N	4 UMBER OF APPROACHES				
DISTANCE DISTANCE CR	- NUMBERED COUNTY ROUTE I		E - TERRACE		ROADWAY	OMBER OF AFT ROADNES				
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY										
1 5 2 2-FEET ROUTE HE - HEIGHTS PL - PLACE										
LOCATION OF FIRST HARMFUL EVEN 1 - ON ROADWAY 9 - CROSSOVE		NER OF CRASH COLLISION/IMPAC COLLISION 4-REAR-TO-REAR	т	DIRECTION OF TRAVE	or Paperson	DIAN TYPE				
20-1 149-00 1-0-000000	VALLEY ACCESS A BETY	WEEN 5-BACKING MOTOR		1 - NORTH 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)						
3 - IN MEDIAN 11 - RAILWAY (4 - ON ROADSIDE 12 - SHARED U	GRADE CROSSING VEHI	ICLES IN 6-ANGLE VSPORT 7-SIDESWIPE, SAME	DIRECTION	3 - EAST	2 - DIVIDE (≥4 FE	D FLUSH MEDIAN ET)				
5 - ON GORE TRAILS	2 - REAF	R-END 8 - SIDESWIPE, OPPOS	SITE DIRECTION	4-WEST	1	D, DEPRESSED MEDIAN D, RAISED MEDIAN				
7 - ON RAMP 14-TOLL BOOT	TH STITLE	O-ON 9-OTHER/UNKNOW	'N-		(ANY T	YPE)				
8 - OFF RAMP 99-OTHER/U	1KNOWN	T		1		/UNKNOWN				
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	LOCATION OF CRASH IN WOR 1 - BEFORE THE 1ST W		CONTOUR •	CONDITIONS	SURFACE				
WORKERS PRESENT 2	LANE SHIFT/CROSSOVER	WARNING SIGN 2 - ADVANCE WARNING		1	1	2				
LAW ENFORCEMENT PRESENT 3.	WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA		1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRET 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTO						
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AREA 5 - TERMINATION ARE	Λ	3 - CURVE LEVEL 3 - SNOW BITUMIN ASPHALT						
				4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK				
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	ER 6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE				
1 2 - DAWN/DUSK	.01 , 2 - CLOUDY	7 - SEVERE CROSSWINDS	CNOW		6 - WATER (STANDING MOVING)	N. CONDONS				
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZIN			7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK — UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN					
NARRATIVE						✓ Indicate the north				
Unit 1 was traveling south o	n SR 79 in the right	lane.				direction with an "N" on the				
Unit 1 stopped for the red lig	•			ScenePD ™ - Evaluation Edition		compass diagram.				
Unit 2 was traveling south o	n SR 79 in the right		Evaluation	Evaluation Edition						
Unit 2 did not stop and crasl	ned into the rear of	Unit Evaluation Edition	ation Edition	. x3	on Rd.	Edition				
1.		Ridgely	Ridgely Track Reg							
		Evaluation Evalua	Evaluation Edition Figuration Edition							
		Evanua	Evaluation Edition	Evaluation Edition	silion ~					
		Evaluation Edition	\mathcal{T}	Evaluation	Evaluation Edition	Edition				
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		Evaluation Edition	Evaluation ation Edition	Edition		-				
		_	//	Evaluation Edition	Evaluation Edition Execution	Edition				
		Evaluation Edition	Evaluation ation Edition	Edition						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY				
application of the 1 street of property of the street of	62024 1119		1 2 4 0	4062024	1151	X POLICE AGENCY				
TOTAL TIME OTHER TOTAL	AL OFFICER'S NAME*	Сне	ECKED BY OFFI	CER'S NAME*	[MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINU	1 CtC13011		arkley	2 Mary 2 as sayed (Mary Sayes -	[SUPPLEMENT (CORRECTION OR ADDITION				
2 8 2 8	O OFFICER'S BAD		CHECKED 1	OFFICER'S BADGE N	1UMBER* 7	TO AN EXISTING REPORT SENT TO ODPS)				

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

5

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

1

36 - MEDIAN OTHER BARRIER

BARRIER

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

48 - TREE

49 - FIRE HYDRANT

0F **5**

3 - UNDETERMINED

OHIO DE OF PUBL.	PARTMENT IC SAFETY VICE - PROTECTION	OTORIST / N o	N-N	Іото	RIS	Т			2 0	2 4		OCAL RE			2 5	4
UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH						AGE	GENDER
0 1	O 1 JOHNSON, ANITA DARLENE ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE				9 1	8 4	F	
₽		HEATH, OH 43056							CONTA	ACT PHUI	NE - INC	LUDE AREA	CODE			
<u> </u>		EMS AGENCY (NAME)		IN HIDEN	TAKENTO	MEDICAL FACILITY	(NAME CITY)	SAFETY FOILIDMENT			SEAT	INC POSITIO	IN ATD DA	G USAGE	EJECTION	TRAPPED
5	TAKEN BY	EMS AGENCT (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0 4			DOT-COMPLIANT MC HELMET 0 1			1		1	1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	OFFENSE CHARGED LOCAL OFFENSE DESC			RIPTION			CITA	CITATION NUMBER				
BO H				<u> </u>						LCOHOL TEST			DRUG TEST(S)			
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted	_	DHOL / DRUG SUSPI LCOHOL MAR		CONDITION	STATUS			LUE	STATUS	TYPE		SELECT UP TO 4
4				1	0	THER DRUG		1	1	1	• 📖		_1	_1		ـــالـــالـــ
UNIT #	NAME: LAST, I	FIRST, MIDDLE									ATE OF				AGE	GENDER
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₽	STREET, CITY, ST	ATE,ZIP DAD 16 TIFFIN, OH 4	1002						CONTA	ACT PHO	NE - INC	LUDE AREA	CODE	•		•
<u> </u>		EMS AGENCY (NAME)	4003	IN HIBED	TAKENTO	MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT	L		SEAT	ING POSITIO	IN AID DA	G USAGE	EJECTION	TRAPPED
NON 3	TAKEN BY 1 Heath FD		INJUNED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY			USED 0 4	DOT-COMPLIANT O 1		4		1	1			
OL STATE						LOCAL CODE	OFFENSE DESC	;RIPTION			CITA	CITATION NUMBER				
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≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted	_	DHOL / DRUG SUSPI	E CTED RIJUANA	CONDITION	STATUS	TYPE		LUE	STATUS	TYPE	RESULT	SELECT UP TO 4
_4			".	7	=	THER DRUG		1	1	1	•		_1	1		
UNIT #	NAME: LAST, I	FIRST, MIDDLE								D	ATE OF	BIRTH			AGE	GENDER
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ADDRESS:	: STREET, CITY, ST	ATE, ZIP							CONTA	ACT PHO	NE - INC	LUDE AREA (CODE			
≘	INJURED	EMS AGENCY (NAME)		INJURED.	TAKENTO	: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT			SEAT	ING POSITIO	IN ATP RA	G USAGE	EJECTION	TRAPPED
NON I	TAKEN BY	ZIIIO RAZIIO I (NAIIIZ)		INCORED	AKENTO	. MEDIONE INDIEIT	(MAINE, 01117	USED		T-COMPLIA HELME	NT		The same	u oskuL	Laconon	INALIE
OL STATE	TE OPERATOR LICENSE NUMBER		OFFENSE CHARGED LOCAL OFFE			OFFENSE DESC	RIPTION	PTION		CITA	CITATION NUMBER					
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			".		=	THER DRUG					•					
	JRIES	SEATING POSITION		IR BAG		OL CLAS	S	OL RESTRIC				DISTRAC	TION		TEST STA	TUS
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYI			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			NOT DISTI MANUALI	RACTED .Y OPERATIN	IG AN		IE GIVEN T REFUSED	
	MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOYI			3 - CLASS C		3 - CORRECTIVE LE			ELECTRO	VIC COMMUN	VICATION	3-TES	T GIVEN, CON	
4 - POSSIBLE IN 5 - NO APPAREN		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE	4 - DEPLOYI 5 - NOT APP	ED BOTH FRO	NT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A DUC		DIALING)				IPLE / UNUSA T GIVEN, RES	ULTS KNOWN
		(MOTORCYCLE PASSENGER)		MENT UNKNO	OWN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS				ON HANDS-F CATION DEV		5-TES	T GIVEN, RES	
INJURED 1 - NOTTRANSP	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER			ON HAND-HE			(NOWN	
/TREATED A		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	Marka and a second seco	JECTION		OL ENDORSE	MENT	8 - INTERMEDIATE		5 -		TIVITY WIT	H AN	1 - NON		ST TYPE
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJE 2 - PARTIAL	CTED .LY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	MIT		PASSENG			2 - BLO		
9 - OTHER / UNK	KNOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY			P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY	LICHTON			STRACTION IE VEHICLE		3 - URII 4 - BRE		
SAFETY E	QUIPMENT	OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8-	OTHER DI	STRACTION		5 - OTH		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE			THE VEHI OTHER / U			DR	UG TEST	TYPE
3 - LAP BELT ON	BELT ONLY USED NLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA 2 - EXTRICA			S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	13 - MECHANICAL DI (SPECIAL BRAK) CONTROLS, OR O	ES, HAND		COF	NDITION		1 - NON 2 - BLO		
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHAN 3 - FREED B	IICAL MEANS BY	i	X - TANKER / HAZMAT		ADAPTIVE DEVI	CES)	1 - /		TLY NORMAL		3 - URI		
FORWARD FA		13 - TRAILING UNIT		CHANICAL M	EANS			14 - MILITARY VEHICLE				IMPAIRMEN AL (E.G., DEPR		4 - OTH	ER	
6 - CHILD REST REAR FACIN	RAINT SYSTEM –	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES 16 - OUTSIDE MIRRO		A	NGRY, DIST					SULT(S)
7 - BOOSTER SE		15 - NON-MOTORIST						17 - PROSTHETIC AIL			LLNESS FELL ASLE	EEP, FAINTEI	D,		PHETAMINES BITURATES	
8 - HELMET US 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18 - OTHER		F	ATIGUED			3-BEN	IZODIAZEPIN	ES
(ELBOW, KNI	EES, ETC.)									(ATIONS / DRI		4 - CAN 5 - COC	INABINOIDS AINF	
10 - REFLECTIVE 11 - LIGHTING -	PEDESTRIAN										THER / U			6 - OPIA	ATES / OPIOID)S
/ BICYCLE OF														7 - OTH 8 - NEG	ER ATIVE RESU	LTS

V	DIE	OHIO DEPARTMENT						LOCAL REPORT NUMBER						
	OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM						2 0 2 4 - 0 0 0 0 3 2 5 4							
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ı	01	JOHNSON, DEBORAH DENISE						0 3 / 1 7 / 1 9 6 4 6 0 F						
		S: STREET, CITY, STATE, ZIP												
4	111 HILLVIEW CT HEATH, OH 43056							CONTACT PHONE - INCLUDE AREA CODE						
₽	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT								SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
•	5	TAKEN BY	Emo Adenoi (MAME)		USED 0 4			DOT-COMPLIANT MC HELMET	0 3	1	1	1		
	UNIT #	NAMELLAG	T, FIRST, MIDDLE				<u> </u>		E OF BIRTH		AGE	GENDER		
	02			- A I				0 6 / 1		7 0	4 5	F ,		
		STREET, CITY,	STATE ZIP	EA L				CONTACT PHONE			+ 5	<u> </u>		
4			ROAD 16 TIFFIN,	OH 44883					. 🗖 . 🗖					
		INJURED	EMS Agency (NAME)	011 44005	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT				SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	3 ,	TAKEN BY 2	Heath FD		Licking Memorial	USED 0 4	DOT-COMPLIANT MC HELMET	0 3	4	1 ,	1			
╏	UNIT#		T, FIRST, MIDDLE		LICKING MEMORIA			DATE	E OF BIRTH		AGE	GENDER		
١,		TATE LAST INSTANDED						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
<u> </u>	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN														
9 II	NJURIES	JURIES INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILI	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFE			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY					USED	DOT-COMPLIANT MC HELMET			l 1	J		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		ı			DATE	E OF BIRTH		AGE	GENDER		
l,									1 1 1	, ,	1 1	J		
	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN									1 1	<u> </u>				
9 II	NJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
L		BY												
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
	1 - FATA			1 - NONE US	SED - : OCCUPANT		T – LEFT SIDE ORCYCLE DRIV	FR)	1 - NOT DE					
			RIOUS INJURY		ER BELT ONLY USED	T – MIDDLE	LIV		YED FRONT					
		SIBLE INJU	INOR INJURY	3 - LAP BEL	T ONLY USED 3 - FRONT - RIGHT SI									
		PPARENT I		4 - SHOULDI	4 - SECOND – LEFT S (MOTORCYCLE PA									
					ESTRAINT SYSTEM –		ND – MIDDLE	5 - NOT APPLICABLE						
			TAKEN BY		D FACING ESTRAINT SYSTEM –		ND – RIGHT SII D – LEFT SIDE	9 - DEPLOYMENT UNKNOWN						
		TRANSPOR EATED AT S		REAR FA			ORCYCLE SIDE							
	2 - EMS 7 - B00STEF			RSEAT		D – MIDDLE	1 - NOT EJECTED							
	3 - POLICE 8 - HELMET			USED	9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 2 - PARTIALLY EJE						ECTED			
	, critati cittati			TIVE PADS USED KNEES, ETC.)		ENGER IN OTH	ER ENCLOSED	3 - TOTALLY EJECTED						
							O AREA (NON-TE PICK-UP WITH CAI		4 - NOT AP	PLICABLE				
				10 - REFLECT	FIVE CLOTHING G – PEDESTRIAN	BUS, F 12 - PASS	PICK-UP WITH CAI ENGER IN UNE	P)	4 - NOT AP	PLICABLE TRAPPE	ED .			
				10 - REFLECT	TIVE CLOTHING G – PEDESTRIAN	BUS, F 12 - PASS CARG	PICK-UP WITH CAI	P)	1 - NOTTR	TRAPPE APPED				
				10 - REFLECT	TIVE CLOTHING G – PEDESTRIAN E ONLY	BUS, F 12 - PASS CARG 13 - TRAII 14 - RIDIN	PICK-UP WITH CAI ENGER IN UNE O AREA LING UNIT NG ON VEHICLE	P) NCLOSED	1 - NOTTR 2 - EXTRIC	TRAPPE APPED ATED BY M		CAL		
				10 - REFLECT 11 - LIGHTIN / BICYCL	TIVE CLOTHING G – PEDESTRIAN E ONLY	BUS, F 12 - PASS CARG 13 - TRAII 14 - RIDIN (NON-	PICK-UP WITH CAI ENGER IN UNE O AREA LING UNIT NG ON VEHICLE TRAILING UNIT)	P) NCLOSED	1 - NOTTR 2 - EXTRIC MEANS	TRAPPE APPED ATED BY M	ECHANIO			
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	NAME: LAS	ST, FIRST, MIDD	l E	10 - REFLECT 11 - LIGHTIN / BICYCL	TIVE CLOTHING G – PEDESTRIAN E ONLY	BUS, F 12 - PASS CARG 13 - TRAII 14 - RIDIN (NON-	PICK-UP WITH CAI ENGER IN UNE O AREA LING UNIT NG ON VEHICLE TRAILING UNIT) MOTORIST	o) NCLOSED EXTERIOR	1 - NOTTR 2 - EXTRIC MEANS 3 - FREED	TRAPPE APPED ATED BY M BY NON-ME	ECHANIO			
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WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP	10 - REFLECT 11 - LIGHTIN / BICYCL	TIVE CLOTHING G – PEDESTRIAN E ONLY	BUS, F 12 - PASS CARG 13 - TRAII 14 - RIDIN (NON-	PICK-UP WITH CAI ENGER IN UNE O AREA LING UNIT NG ON VEHICLE TRAILING UNIT) MOTORIST	EXTERIOR DATE CONTACT PHONE	1 - NOTTR 2 - EXTRIC MEANS 3 - FREED MEANS E OF BIRTH - INCLUDE AREA CO	TRAPPE APPED ATED BY M BY NON-ME	ECHANICA CHANICA AGE	GENDER		
WITNESS	ADDRESS:		STATE, ZIP	10 - REFLECT 11 - LIGHTIN / BICYCL	TIVE CLOTHING G – PEDESTRIAN E ONLY	BUS, F 12 - PASS CARG 13 - TRAII 14 - RIDIN (NON-	PICK-UP WITH CAI ENGER IN UNE O AREA LING UNIT NG ON VEHICLE TRAILING UNIT) MOTORIST	EXTERIOR DATE CONTACT PHONE DATE	1 - NOT TR 2 - EXTRIC MEANS 3 - FREED MEANS E OF BIRTH - INCLUDE AREA COL	TRAPPE APPED ATED BY M BY NON-ME	ECHANIC	AL		
WITNESS	ADDRESS: Name: Las	: STREET, CITY, ST, FIRST, MIDD	STATE, ZIP	10 - REFLECT 11 - LIGHTIN / BICYCL	TIVE CLOTHING G – PEDESTRIAN E ONLY	BUS, F 12 - PASS CARG 13 - TRAII 14 - RIDIN (NON-	PICK-UP WITH CAI ENGER IN UNE O AREA LING UNIT NG ON VEHICLE TRAILING UNIT) MOTORIST	EXTERIOR DATE CONTACT PHONE DATE DATE DATE	1 - NOT TR 2 - EXTRIC MEANS 3 - FREED MEANS E OF BIRTH - INCLUDE AREA COL	TRAPPE APPED ATED BY M BY NON-ME	ECHANICA CHANICA AGE	AL GENDER		
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WITNESS WITNESS	ADDRESS: NAME: LAS ADDRESS:	: STREET, CITY, ST, FIRST, MIDD	STATE, ZIP	10 - REFLECT 11 - LIGHTIN / BICYCL	TIVE CLOTHING G – PEDESTRIAN E ONLY	BUS, F 12 - PASS CARG 13 - TRAII 14 - RIDIN (NON-	PICK-UP WITH CAI ENGER IN UNE O AREA LING UNIT NG ON VEHICLE TRAILING UNIT) MOTORIST	EXTERIOR DATE CONTACT PHONE CONTACT PHONE CONTACT PHONE	1 - NOT TR 2 - EXTRIC MEANS 3 - FREED MEANS E OF BIRTH - INCLUDE AREA COL	TRAPPE APPED ATED BY M BY NON-ME	ECHANICA CHANICA AGE	GENDER		
WITNESS WITNESS	ADDRESS: NAME: LAS ADDRESS:	STREET, CITY, ST, FIRST, MIDD	STATE, ZIP	10 - REFLECT 11 - LIGHTIN / BICYCL	TIVE CLOTHING G – PEDESTRIAN E ONLY	BUS, F 12 - PASS CARG 13 - TRAII 14 - RIDIN (NON-	PICK-UP WITH CAI ENGER IN UNE O AREA LING UNIT NG ON VEHICLE TRAILING UNIT) MOTORIST	EXTERIOR DATE CONTACT PHONE CONTACT PHONE CONTACT PHONE	1 - NOTTR 2 - EXTRIC MEANS 3 - FREED MEANS E OF BIRTH - INCLUDE AREA COI	TRAPPE APPED ATED BY M BY NON-ME	ECHANICA AGE AGE	GENDER GENDER GENDER		
NESS WITNESS WITNESS	NAME: LAS	STREET, CITY, ST, FIRST, MIDD	STATE, ZIP STATE, ZIP	10 - REFLECT 11 - LIGHTIN / BICYCL	TIVE CLOTHING G – PEDESTRIAN E ONLY	BUS, F 12 - PASS CARG 13 - TRAII 14 - RIDIN (NON-	PICK-UP WITH CAI ENGER IN UNE O AREA LING UNIT NG ON VEHICLE TRAILING UNIT) MOTORIST	EXTERIOR DATE CONTACT PHONE CONTACT PHONE CONTACT PHONE	1 - NOT TR 2 - EXTRIC MEANS 3 - FREED MEANS E OF BIRTH - INCLUDE AREA COL	TRAPPE APPED ATED BY M BY NON-ME	ECHANICA AGE AGE	GENDER GENDER GENDER		