OF PUBLIC STATES TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*				
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION							2 0	2 4 -	. 0 (00	3595		
SECONDARY CRASH	OH-1P OTHER PRIVATE PROPERTY	REPORTING AGENCE Heath PD	REPORTING AGENCY NAME* Heath PD 0 4 5 0 7				HIT/SKIP						
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*								SH DATE /			:RASH SEVERITY		
4 5 1 2 - VILLAG							0416	2024	171	5 5	1 - FATAL		
	PREFIX 1 - NORTH	LOCATION ROAD NA	МЕ			ROAD TYPE	LA	TITUDE DE	CIMAL DEGRE	ES	2 - SERIOUS INJURY SUSPECTED		
S R 79	2 - SOUTH 3 - EAST 4 - WEST	Hebron				R D	4,0,0	12	3 1 2	2 ,	3 - MINOR INJURY SUSPECTED		
(Carrier Carrier Carri	PREFIX 1 - NORTH	REFERENCE ROAD	NAME (ROAD, N	IILEPOST, HOUSE #	#)	ROAD TYPE		GITUDE D			4 - INJURY POSSIBLE		
ROUTE TYPE ROUTE NUMBER	2 - SOUTH 3 - EAST 4 - WEST	1449					-82,4	1,5,8	160		5 - PROPERTY DAMAGE ONLY		
	RECTION	ROUTE TYPE		ROAI	DTYPE				INTERSE	CTION RELAT			
1 - INTERSECTION 2 2 - MILE POST 2	2 COLLET	- INTERSTATE ROUTE		ALLEY HW-H AVENUE LA-L		O - ROAD Q - SQUARE	X wi	THIN INTE	RSECTION	OR ON APPR	_		
3 2- MILE POST 3 3 - HOUSE #	ال 3 - EAST	- FEDERAL US ROUTE - STATE ROUTE				- STREET	X wi	THIN INTE	RCHANGE	AREA NI	3 Umber of approaches		
	CR - CIRCLE OV - OVAL TE - TERRAC								RO	ADWAY			
	1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY ROUTE							ROADWAY DIVIDED					
3-YARDS HE-HEIGHTS PL-PLACE													
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT 1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - REAR-TO-REAR							DIRECTION OF TRAVEL 1 - NORTH 1 - DIVIDED FLUSH MEDIAN						
0 1 2 - ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 2 BETWEEN TWO MOTOR 5-BACKING						2-SOUTH (<4 FEET)				ET)			
3 - IN MEDIAN 11-RAILWAY GRADE CROSSING VEHICLES IN 6 - ANGLE 4 - ON ROADSIDE 12-SHARED USE PATHS OR TRANSPORT 7 - SIDESWIPE, SAME DIRECTION							4-WEST (≥4 FEET)			ET)			
5 - ON GORE 6 - OUTSIDE TRAFFIC	TRAILS WAY 13-BIKE LANI	<u> </u>	2 - REAR- 3 - HEAD-		ESWIPE, 0PP0S ER / UNKNOW		4 - DIVIDED, RAISED MEDIAN						
7 - ON RAMP 8 - OFF RAMP	14-TOLL BOOT 99-OTHER/U						(ANY TYPE) 9 - OTHER/UNKNOWN						
		WORK ZONE TYPE		LOCATION OF C	CRASH IN WOL	RK 70NF	CONT	OUR	COI	NDITIONS	SURFACE		
WORK ZONE RELATED	1	LANE CLOSURE		1-BEF0	RE THE 1ST W		, 1		i	1 ,	2		
WORKERS PRESENT	3.	LANE SHIFT/CROSSO WORK ON SHOULDER			NING SIGN NCE WARNIN	GIV				1 - CONCRETE			
LAW ENFORCEMENT PRE	SENT L	OR MEDIAN INTERMITTENT OR M			SITION AREA	N AREA 2 - STRAIGHT GRADE 2 - WET				2 - BLACKTOP,			
ACTIVE SCHOOL ZONE		OTHER	IOVING WORK		INATION ARE	Α	3 - CURVE		3 - SNOW	t	BITUMINOUS, ASPHALT		
LIGHT CONDIT	TION		WEATHER	R			4 - CURVE (9 - OTHER/L		4 - ICE 5 - SAND	, MUD, DIRT,	3 - BRICK/BLOCK		
1 - DAYLIGHT		1 - CLEA		6 - SNOW					OIL, G	RAVEL	4 - SLAG, GRAVEL, STONE		
2 - DAWN/DUSK 3 - DARK – LIGHTED RO	OADWAY	01 2 - CLOUI		7 - SEVERE CROSS 8 - BLOWING SANI	SAND, SOIL, DIRT, SNOW MOVING)			ואוט-כן					
4 - DARK – ROADWAY N 5 - DARK – UNKNOWN I		4 - RAIN 5 - SLEE		9 - FREEZING RAII	ZING RAIN OR FREEZING DRIZZLE 7 - SLUSH			9 - OTHER/UNKNOWN					
9 - OTHER/ UNKNOWN			.,		370.00	1			9-UIHE	K/UNKNUWN			
NARRATIVE				F.1					I I	<u> </u>	Indicate the north		
Unit 2 was stoppe	-									4	an "N" on the compass diagram.		
at Kaiser Dr. Unit		eling south	on SR 79	9 and			ScenePD ™ - E	Evaluation Edition			y compass anglann		
rear ended Unit 2	2.				Evaluation Edition	Evaluation	Evaluation E Edition	Edition					
					valuation Edition			Evaluation SR 79	Evaluatio Edition		dition		
Evaluation Edition Evaluation Edition Fivaluation Edition									-				
				-			Unit 1	Evaluation	Evaluatio	Evaluation E on Edition	dition		
				- E	Evalua Evaluation Edition	Evaluation ation Edition	e Edition	, j		Evaluation E	idition		
							E Non E	Evaluation Edition	Evaluation Edition	⊏valuation E on Edition	SARROTT .		
Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition													
	Evaluation Edition Evaluatio												
	Evaluation Edition Evaluation Edition Evaluation Edition Not To scale Edition												
1.	Evaluation Edition Evaluation Edition Evaluation Edition Evaluation Edition												
Evaluation Edition Evaluation Edition Trancie (877) 909-4777													
CRASH REPORTED DATE / 1		DISPATCH DATE / TIM	2000		DATE / TIME			CLEARED		R	REPORT TAKEN BY		
04162024 1	715 041	62024	1,7,1,6,0	41620	24 1	7 1 8 0	416	2024	1, 1,	749	MOTORIST		
TOTAL TIME OTH ROADWAY CLOSED INVESTIGA			AME*			ECKED BY OFFI	CER'S NAM	E*			SUPPLEMENT		
OFFICER'S BADGE NUMBER* CHECKER						Снескев і	D BY OFFICER'S BADGE NUMBER* (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)						
2 0	5 4	0 7	' -	1 , 5 ,	3 (0 7		1	5	2			

J FIRST HARMFUL EVENT

1

0F 5

ADDRESS: STREET, CITY, STATE, ZIP 43 GAINOR AVE NEWARK, OH 43055 INJURED TAKEN BY OL STATE OL STATE OL CLASS ENDORSEMENT SEATING POSITION AIR BAG USAGE TO HER DRUG OL CLASS ENDORSEMENT SEATING POSITION AIR BAG USAGE CODE ALCOHOL OFFENSE DESCRIPTION CITATION NU OL CLASS ENDORSEMENT SEATING POSITION AIR BAG USAGE CODE ALCOHOL OFFENSE DESCRIPTION CITATION NU OL CLASS ENDORSEMENT SEATING POSITION AIR BAG USAGE CODE ALCOHOL OFFENSE DESCRIPTION CITATION NU OL CLASS ENDORSEMENT SEATING POSITION AIR BAG USAGE CODE ALCOHOL OFFENSE DESCRIPTION CITATION NU OL CLASS ENDORSEMENT SEATING POSITION AIR BAG USAGE CODE ALCOHOL OFFENSE DESCRIPTION CITATION NU OL CLASS OL CLASS	EJECTION TRA LUMBER DO1 STESSI(S)	RAPPED 1				
ADDRESS: STREET, CITY, STATE, ZIP 43 GAINOR AVE NEWARK, OH 43055 INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O 4 DOT-COMPLIANT MC HELMET O 1 1 OL STATE OPERATOR LICENSE NUMBER OL CLASS ENDORSEMENT SELECT UPTO 2 STATUS TYPE OL CLASS ENDORSEMENT SELECT UPTO 2 DOT-COMPLIANT SELECT UPTO 3 DRIVER DISTRACTED BY 1 OTHER DRUG OL CLASS ENDORSEMENT SELECT UPTO 2 DATE OF BIRTH UNIT # NAME: LAST, FIRST, MIDDLE CONTACT PHONE - INCLUDE AREA CODE DOT-COMPLIANT MC HELMET O 1 1 DOT-COMPLIANT ON AIR BAG USAGE OL CLASS ENDORSEMENT SELECT UPTO 3 DRIVER DISTRACTED ALCOHOL / DRUG SUSPECTED OTHER DRUG OL CLASS ENDORSEMENT SELECT UPTO 2 DATE OF BIRTH	EJECTION TRA 1 UMBER 001 GTEST(S)	RAPPED 1				
43 GAINOR AVE NEWARK, OH 43055 INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O 4 DOT-COMPLIANT O 1 DOT-COMPLIANT	UMBER 001 G TEST(S)	1				
INJURIES INJURED TAKEN DEMS AGENCY (NAME) 5 DETAILS INJURED TAKEN DEMS AGENCY (NAME) 5 DETAILS INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 5 DETAILS USED DESCRIPTION CODE STATE OL STATE OL STATE OL CLASS ENDORSEMENT SELECT UPTO 2 DRIVER DISTRACTED DISTR	UMBER 001 G TEST(S)	1				
TAKEN BY STATUS TYPE OL STATE OPERATOR LICENSE NUMBER OL CLASS ENDORSEMENT SELECT UP TO 3 DRIVER DISTRACTED BISTRACTED BISTRACTED DISTRACTED	UMBER 001 G TEST(S)	1				
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED 333.03 OL CLASS OL CLAS	UMBER OO1 G TEST(S)					
O H STATUS TYPE VALUE STATUS TYPE UNIT # NAME: LAST, FIRST, MIDDLE 333.03 Q416240 Q416240	G TEST(S)	CT UP TO 4				
SELECTUPTO2 ALCOHOL MARIJUANA M		CT UP TO 4				
4 OTHER DRUG 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		STATUS TYPE RESULT SELECT UP TO 4				
UNIT # NAME: LAST, FIRST, MIDDLE DATE OF BIRTH						
0 2 NAEGELE, MELISSA ANN	AGE GEN	ENDER				
	5 3 F	F				
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE						
834 ELLIS ST PICKERINGTON, OH 43147						
INJURIES INJURIED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O 4.		RAPPED •				
	CITATION NUMBER					
O H CODE	JINDER					
S L LASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER ALCOHOL / DRUG SUSPECTED CONDITION ALCOHOL TEST DRUG	G TEST(S)					
BY ALCOHOL MARIJUANA 1 1 1 1 1	RESULT SELECT	CT UP TO 4				
OTHER DRUG	AGE GEN					
	AGE GER	ENDER				
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE	CONTACT PHONE - INCLUDE AREA CODE					
INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT TAKEN	EJECTION TRA	1 1				
		RAPPED				
		RAPPED				
OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE CITATION NU	UMBER	RAPPED				
CODE CODE	UMBER G TEST(S)	RAPPED				
CODE						
CODE	G TEST(S) RESULT SELECT	ECT UP TO 4				
CODE CONDITION	G TEST(S) RESULT SELECT	ECT UP TO 4				
OL CLASS ENDORSEMENT SELECT UPTO 2 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TO THE DRUG 1-FATAL 2-SUSPECTED SERIOUS INJURY (MOTORCYCLE DRIVER) 2-DEPLOYED 1-CLASS B 2-COLINTRASTATE ONLY 2-MAINING ATTOR INTERCTOR 1- PROPERTY OF THE PR	G TEST(S) RESULT SELECT REST STATUS E GIVEN T REFUSED	ECT UP TO 4				
OL CLASS ENDORSEMENT SELECT UPTO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED OTHER DRUG OTHER D	G TEST(S) RESULT SELECT FEST STATUS	ECT UP TO 4 S INATED				
OL CLASS ENDORSEMENT SELECT UP TO 3 DRIVER DISTRACTED STATUS TYPE VALUE STATUS TYPE	G TEST(S) RESULT SELECT RESULT STATUS E GIVEN T REFUSED T GIVEN, CONTAMIN IPLE / UNUSABLE T GIVEN, RESULTS K	ECT UP TO 4 S INATED S KNOWN				
OL CLASS ENDORSEMENT SELECT UPTO 3 DRIVER DISTRACTED DISTRACTED DISTRACTED DISTRACTED DISTRACTED DISTRACTED DISTRACTION SELECT UPTO 3 DRIVER DISTRACTED DISTRACTED DISTRACTED DISTRACTED DISTRACTION TYPE VALUE STATUS TYPE VALUE ST	G TEST(S) RESULT SELECT L L L L L TEST STATUS E GIVEN T REFUSED T GIVEN, CONTAMIN PLE / UNUSABLE	ECT UP TO 4 S INATED S KNOWN				
OL CLASS ENDORSEMENT SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA 1. FATAL 2. SUSPECTED MINOR INJURY 3. SUSPECTED MINOR INJURY 4. POSSIBLE INJURY 4. POSSIBLE INJURY 1. NOT TRANSPORTED (MOTORCYCLE PASSENGER) 5. NO APPARENT INJURY 1. NOT TRANSPORTED (MOTORCYCLE PASSENGER) 1. NOT APPLICABLE (MOTORCYCLE PASSENGER) 5. NO APPARENT INJURY 1. NOT TRANSPORTED (ASCOND – LEFT SIDE (MOTORCYCLE PASSENGER)) 1. NOT TRANSPORTED (ASCOND – LEFT SIDE (MOTORCYCLE PASSENGER)) 1. NOT TRANSPORTED (ASCOND – LEFT SIDE (MOTORCYCLE PASSENGER)) 1. NOT TRANSPORTED (ASCOND – LEFT SIDE (MOTORCYCLE PASSENGER)) 1. NOT TRANSPORTED (ASCOND – LEFT SIDE (MOTORCYCLE PASSENGER)) 1. NOT TRANSPORTED (ASCOND – LEFT SIDE (MOTORCYCLE PASSENGER)) 1. NOT TRANSPORTED (ASCOND – LEFT SIDE (MOTORCYCLE PASSENGER)) 1. NOT TRANSPORTED (ASCOND – LEFT SIDE (COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)) 4. TALKING ON HAND-SFREE COMMUNICATION DEVICE (COMMUNICATION DEVICE (C	G TEST(S) RESULT SELECT RESULT SELECT GIVEN T REFUSED T GIVEN, CONTAMIN PLE / JUNUSABLE T GIVEN, RESULTS K T GIVEN, RESULTS NOWN OHOL TEST TY	ECT UP TO 4 S INATED KNOWN				
CODE OL CLASS ENDORSEMENT SELECT UP TO 2 DRIVER DISTRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG OT	G TEST(S) RESULT SELECT RESULT SELECT RESURS E GIVEN T REFUSED T GIVEN, CONTAMIN IPLE / UNUSABLE T GIVEN, RESULTS K T GIVEN, RESULTS NOWN OHOL TEST TY E	ECT UP TO 4 S INATED KNOWN				
CODE OL CLASS ENDORSEMENT SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA 1. FATAL 2. SUSPECTED SERIOUS INJURY 3. SUSPECTED SERIOUS INJURY 4. POSSIBLE INJURY 5. NO APPARENT INJURY 5. NO APPARENT INJURY 6. SECOND — INDOLE (MOTORCYCLE PASSENGER) 7. THIRD — ELEFT SIDE (MOTORCYCLE PASSENGER) 7. THIRD — ELEFT SIDE (MOTORCYCLE SIDE CAN) 7. POSSIBLE INJURY 8. THIRD — MIDDLE 9. THIRD — SECOND — INDOLE 9. THIRD — ELEFT SIDE (MOTORCYCLE PASSENGER) 9. THIRD — MIDDLE 2. PARTIALLY EJECTED 4. ALCOHOL INTERLOCK DEVICE 1. NOT DISTRACTED 1. NOT DEVICE (TEXTING, TYPING, DIALING) 3. CORRECTIVE LENSES 4. FARM WAIVER DIALING 3. TALKING ON HANDS-FREE COMMUNICATION DEVICE 4. TEST 5. MIC MOPED ONLY 6. NO VALID OL 7. EXCEPT CLASS A COMMUNICATION DEVICE 4. TALKING ON HAND-HELD COMMUNICATION DEVICE 5. TEST UNKN 6. NO VALID OL 8. THIRD — MIDDLE 9. DEPLOYMENT UNKNOWN 9. THIRD — RIGHT SIDE 9. OTHER / UNKNOWN 9. THIRD — RIGHT SIDE 3. TOTALLY EJECTED M. MOTORCYCLE 9. PASSENGER 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 3. TOTALLY EJECTED M. MOTORCYCLE 9. PASSENGER 7. OTHER DISTRACTION 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THERE / UNKNOWN 9. THIRD — RIGHT SIDE 9. THER	G TEST(S) RESULT SELECT RESULT SELECT GIVEN T REFUSED T GIVEN, CONTAMIN IPLE / UNUSABLE T GIVEN, RESULTS K T GIVEN, RESULTS NOWN OHOL TEST TY E OD NE	ECT UP TO 4 S INATED KNOWN				
OL CLASS ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED DISTRACTION TYPE VALUE STATUS TYPE	G TEST(S) RESULT SELECT RESULT SELECT RESULT SELECT REFUSED T GIVEN, CONTAMIN IPLE / UNUSABLE T GIVEN, RESULTS K T GIVEN, RESULTS NOWN OHOL TEST TY E OD NE ATH	ECT UP TO 4 S INATED KNOWN				
CODE CLASS ENDORSEMENT RESTRICTION SELECT UPTO 2 DRIVER DISTRACTED ALCOHOL DRUG SUSPECTED STATUS TYPE VALUE STATUS TYPE VALU	RESULT SELECT RESULT SELECT RESULT SELECT RESULT SELECT REFUSED GIVEN, CONTAMIN PILE / JNUSABLE T GIVEN, RESULTS K T GIVEN, RESULTS K OHOL TEST TY E OD ATH	JL J S S S INATED S KNOWN S				
CODE CLASS ENDORSEMENT SELECT UPTO 2 RESTRICTION SELECT UPTO 3 DRIVER DISTRACTED ALCOHOL MARIJUANA STATUS TYPE VALUE STATUS	RESULT SELECT RESULTS KOONTAMIN RESULTS TYPE RESULT SELECT RESULT	JL J S S S INATED S KNOWN S				
CODE CLASS ENDORSEMENT RESTRICTION SELECT UPTO 2 DRIVER SELECT UPTO 2 DRIVER SELECT UPTO 3 DRIVER SE	RESULT SELECT RESULT	JL J S S S INATED S KNOWN S				
CODE CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL DRUG SUSPECTED BY ALCOHOL MARIJUANA OTHER DRUG ALCOHOL MARIJUANA ALCOHOL	RESULT SELECT RESULT	JL J S S S INATED S KNOWN S				
CODE	RESULT SELECT RESULT	S S INATED S KNOWN S				
RESTRICTION SELECT UPTO 2 STATUS TYPE VALUE	G TEST(S) RESULT SELECT RESULT SELECT RESULT SELECT RESUS TATUS E GIVEN T REFUSED T GIVEN, CONTAMIN IPLE / UNUSABLE T GIVEN, RESULTS K T GIVEN, RESULTS NOWN OHOL TEST TY E OD NE ATH ER RUG TEST TYP E OD NE HETAMINES	S S INATED S KNOWN S				
CODE CLASS ENDORSEMENT RESTRICTION SELECT UPTO3 DRIVER DISTRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA TYPE VALUE STATUS	G TEST(S) RESULT SELECT RESULT SELECT RESULT SELECT RESUS TATUS E GIVEN, CONTAMIN IPLE / UNUSABLE T GIVEN, RESULTS K T GIVEN, RESULTS K ONOWN OHOL TEST TY E OD NE ATH ER RUG TEST TYP E OD NE E RUG TEST TYP E OD NE STEST RESULT	S S INATED S KNOWN S				
CODE CLASS ENDORSEMENT RESTRICTION SELECT UPTO3 DRIVER DISTRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA TYPE VALUE STATUS	RESULT SELECT RESULT	S S INATED S KNOWN S				
CODE CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED ALCOHOL MARIJUANA TYPE VALUE STATUS VALUE	RESULT SELECT RESULT	S S INATED S KNOWN S				

Ũ	OCCUPANT / WITNESS ADDENDUM OF PUBLIC SAFETY - MEDICE - PRINCIPLA OF PUBLIC SAFETY - PRINCI							2024	- 0 0	ORT NUMBER	5 9	5		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
	01	KAY, KI	EISHA LYDA					0 7 / 1	1 / 2 0	0 6	1 7	F		
OCCUPANT	ADDRESS	IESS: STREET, CITY, STATE, ZIP							- INCLUDE AREA CO	DE		'		
冒	16 SUM	MIT BV	NEWARK, OH 430			1 1	<u> </u>	1						
٥		INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION		E EJECTION	TRAPPED		
Ę	5	BY					0 4	☐ MC HELMET	0 3	1	1	1		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
										الللل				
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
	TH HIDTEC	INJURED	FMC 4		WWOGD THEFT Marrie France	(SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAG	F F F F F	TRAPPED		
ı	INJUKIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	IY (NAME, CITY)	USED	DOT-COMPLIANT	SEATING PUSITION	AIR BAG USAG	E EJECTION	IKAPPED		
٥	UNIT #	NAMELLAS	T FIRST MIDDLE						E OF BIRTH		AGE	GENDER		
	UNII #	IIT # NAME: LAST, FIRST, MIDDLE DRESS: STREET, CITY, STATE, ZIP					DAI			AUL	GENDER			
Z	ADDRESS							CONTACT PHONE - INCLUDE AREA CODE						
Ę	ADDRESS: STREET, CITY, STATE, ZIP INJURIES INJURED TAKEN BY EMS AGENCY (NAME)							1	1 1					
8					INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	— DOT C	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
						USED	DOT-COMPLIANT MC HELMET		<u> </u>					
i	UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH		AGE	GENDER		
												ر ا		
OCCUPANT	ADDRESS	RESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
9										1 1				
٥	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
		BY		1				☐ MC HELMET						
			JRIES		/ EQUIPMENT USED		SEATING POS	ITION		AIR BAG I	JSAGE			
	1 - FATA		DIUIS IN IIIDV	1 - NONE US VEHICLE	SED - 1 - FRONT – LEFT SIDE E OCCUPANT (MOTORCYCLE DRIV									
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD RE INJURED TAKEN BY			ER BELT ONLY USED 2 - FRONT - MIDDLE TONLY USED 3 - FRONT - RIGHT S 4 - SECOND - LEFT S			_	3 - DEPLOYED SIDE						
								4 - DEPLOYED BOTH						
				ER & LAP BELT USED	ORCYCLE PASS	ENGER)	FRONT/SIDE							
H				ESTRAINT SYSTEM – D FACING		ND – MIDDLE ND – RIGHT SII	DE		PLICABLE					
					ESTRAINT SYSTEM -		D – LEFT SIDE	0.4.0.)	9 - DEPLOYMENT UNKNOWI			V		
	2 - EMS 7 - B00STI 3 - POLICE 8 - HELME 9 - OTHER / UNKNOWN 9 - PROTE (ELBOV		7 POOSTER			ORCYCLE SIDE D – MIDDLE	CAR)	1 NOT EL	EJECT	10 N				
			8 - HELMET			D – RIGHT SIDE		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		'FD				
				TVE PADS USED		PER SECTION (ENGER IN OTH								
				KNEES, ETC.)	CARG	O AREA (NON-TI	RAILING UNIT,							
	10 - REFLECT 11 - LIGHTING / BICYCLE 99 - OTHER / U			TIVE CLOTHING		PICK-UP WITH CA ENGER IN UNE		TRAPPED		ED				
					CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE (NON-TRAILING UNIT) 15 - NON-MOTORIST			1 - NOTTRAPPED						
				UNKNOWN			EXTERIOR	2 - EXTRICATED BY MECHANIC MEANS			CAL			
								3 - FREED BY NON-MECHA		ECHANIC	ANICAL			
							R / UNKNOWN		MEANS					
ľ	NAME: LA	ST, FIRST, MIDD	LE	I				DAT	E OF BIRTH		AGE	GENDER		
WITNESS														
ΕIΜ	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
	NAME-LAST FIRST MIDNIS							E OF DIDTU		ACT	CENDED			
SS	NAME: LAST, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER				
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
≥							L I I I I I I I I I I I I I I I I I I I							
	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
WITNESS														
ΕM	ADDRESS	DDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
									<u> </u>					