OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*								
□ 0H-2 ▼ 0H-3	2023-	0001	1404						
PHOTOS TAKEN OH-1P OTHER	ACIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR					
PRIVATE PROPERTY	Heath PD	0 4	507	1 - SOLVED LJ 2 - UNSOLVED	اللباا	0 1 98 - ANIMAL 1 99 - UNKNOWN			
COUNTY* LOCALITY* 1 - CITY 4 5 1 2 - VILLAGE HEATH	TY, VILLAGE, TOWNSHIP** ■		CRASH DATE / 1		CRASH SEVERITY 1 - FATAL				
3-TOWNSHIP	ROAD TYPE	10112023		J 2-SERIOUS INJURY SUSPECTED					
S R 7 9 PREFIX 1- NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		NOAD TITE	40031	Stantist presentations rather	3 - MINOR INJURY			
1 1, 201	REFERENCE ROAD NAME (ROAD, I	VILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		SUSPECTED 4 - INJURY POSSIBLE			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	759 Hebron Rd			-82 4 3 8	3 1 1	5 - PROPERTY DAMAGE			
REFERENCE POINT DIRECTION	ROUTE TYPE	L ROAD TYPE			INTERSECTION RELA	ONLY			
2 MILE DOST 2 COUTU	27.6		- ROAD - SQUARE	WITHIN INTE	RSECTION OR ON APP	ROACH			
3- HOUSE # L 3- EAST	- I EDERAL OS ROOTE		- STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
	- NUMBERED COUNTY ROUTE CR -		- TERRACE - TRAIL	Manager 1	ROADWAY				
	- NUMBERED TOWNSHIP DR .	- DRIVE PI - PIKE WA	A - WAY	ROADWAY DIV	IDED				
		- HEIGHTS PL - PLACE		Ser zamy mit semsociature - emistro descrit	: Example	PARCE Sectorios NACO			
LOCATION OF FIRST HARMFUL EVE 1 - ON ROADWAY 9 - CROSSOVE	R 1-NOT (NER OF CRASH COLLISION/IMPACT COLLISION 4 - REAR-TO-REAR	I	DIRECTION OF TRAVE 1 - NORTH	Of Page 19	DIAN TYPE ED FLUSH MEDIAN			
The state of the s	TWO	VEEN 5-BACKING MOTOR 6-ANGLE		2 - SOUTH	2 - DIVIDE	EET) ED FLUSH MEDIAN			
50, New New York 2000 2000 CT-05 - New York	We a count he restricted that the restricted to	ISPORT 7-SIDESWIPE, SAME D	1000120 120000	3 - EAST 4 - WEST	(≥4 FI				
6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN	E 3-HEAD			4 - DIVIDED, RAISED MEDIAN (ANY TYPE)					
7 - ON RAMP 14- TOLL BOO 8 - OFF RAMP 99- OTHER / U						VUNKNOWN			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WOR	K ZONE	CONTOUR	CONDITIONS	SURFACE			
1	- LANE CLOSURE - LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST W WARNING SIGN	ORK ZONE	1	1	2			
	-WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA	AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
4	- INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOOL ZONE 5	- OTHER	5 - TERMINATION AREA	Δ	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK			
LIGHT CONDITION 1 - DAYLIGHT	WEATHE 1 - CLEAR	R 6 - SNOW		9 - OTHER/UNKNOWN	OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL, STONE				
1 2 - DAWN/DUSK	.01 2 - CLOUDY	7 - SEVERE CROSSWINDS	NAME OF THE OWNER O		6 - WATER (STANDIN MOVING)	15 C12/G000340			
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, S 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	V			
NARRATIVE						/ Indicate the north			
Unit one was traveling nortl	ı on SR 79. Unit two	o was			+	direction with an "N" on the			
traveling south on SR 79. U	_			ScenePD ™ - Evaluation Edition		compass diagram.			
center turn lane to turn left		To be at a second	Evaluation ion Edition	Evaluation Edition Edition					
two had just passed the inte		Rd. Evaluation Edition		Evaluation	Evaluation Evaluation Edition	Edition			
Unit one turned left in front unit two struck the right sid			Evaluation ion Edition	Evaluation Edition	N N				
of unit two was ejected from		L		Evaluation Edition	Evaluation Edition Mor 70 S				
one then struck a utility pol	-		Evaluation ion Edition	Edition	Evaluation	Edition			
road.		759 Hebron Rd	Evaluation	Evaluation Edition	Evaluation Edition				
		Evaluati Evaluation Edition		Unit 2	### Evaluation	Edition			
		Fivelinal	Evaluation ion Edition	Evaluation Edition Edition	Sign				
		Evaluation Edition		Evaluation	Evaluation Evaluation Edition	Edition			
		Evaluation Edition	Evaluation ion Edition	Evaluation Edition					
CDACH DEDODTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		Trancite (877) 908-4777 SCENE CLEARED	DATE / TIME	REPORT TAKEN BY			
CRASH REPORTED DATE / TIME 10112023 1714 101	. 12023 1714		, , , ,	0 1 1 2 0 2 3	2001-0-01-0-05- 2004/00/2-0420	POLICE AGENCY			
TOTAL TIME OTHER TOT				CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINU	TES Banks	Pe	terson			SUPPLEMENT (CORRECTION OR ADDITION			
1,0,6	O 7 -	GE NUMBER* 1 3 9 0		OFFICER'S BADGE I	1UMBER* 5	TO AN EXISTING REPORT SENT TO ODPS)			

0F 6

J FIRST HARMFUL EVENT

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OHIO DEF OF PUBLI SAFETY - SERVI	OF PUBLIC SAFETY MOTORIST / NON-MOTORIST NON-MOTORIST							2 0	2 0 2 3 - 0 0 0 1 1 4 0 4							
UNIT #									D	ATE OF BIRTH		AGE GENDER				
01	GIBSON, JANIE L						1 0 / 0 9 / 1 9 8 3 4 0 F									
ADDRESS:	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
23 W PC	OSTAL AVE NEWARK, OH 43055															
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED.	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		Γ-COMPLIA		1	G USAGE		TRAPPED	
_5	ВУ							0 4	J	HELME.	T 0 1	_ _1		1	1	
OL STATE	OPERATOR L	OR LICENSE NUMBER OFFENSE CH			SE CHAI	RGED	LOCAL C <u>od</u> e	OFFENSE DES	CRIPTION	I		CITA	TION N	JMBER		
OH	ENDODOEMENT			*****		/		COMPLETION		AI COHO	OHOL TEST		DRUG TEST(S))	
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION	STATUS		VALUE	STATUS	TYPE		SELECT UP TO 4	
_4				1	□ ∘	THER DRUG		1	1	1	• — —	_1	1			
UNIT#	NAME: LAST, F	FIRST, MIDDLE						'		D	ATE OF BIRTH	•		AGE	GENDER	
0 2	EATON, L	ANDON JOSEPH							0 1	_ / _1	7 / 2	0 0	4 :	1 9	_ M	
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE			•	
1214 E	XECUTIVE	DR W 10 NEWARK,	OH 430	55				_								
	TAKEN	EMS AGENCY (NAME)		1		: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COMPLIANT					TRAPPED		
1		Heath FD				morial		0 8					5 3 1			
OL STATE	OPERATOR L	ICENSE NUMBER ■		UFFEN	SE CHAI	RGED	LOCAL	OFFENSE DES	CKIPIION	ı		CITATION NUMBER				
O H OL CLASS	ENDORSEMENT	RESTRICTION SELECT	IID TO 3 ND	IVER	AL C	DHOL / DRUG SUSP	ECTED	CONDITION		ALCOHO	L TEST		DRUG TEST(S)			
OL GLASS	SELECT UP TO 2	RESTRICTION SEEEST		TRACTED	_	_	RIJUANA		STATUS		VALUE	STATUS			SELECT UP TO 4	
_4				9		THER DRUG		9	1	1	•	1	1	<u> </u>		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER	
													_			
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTA	CT PHO	NE - INCLUDE AREA	CODE				
<u> </u>	I I-							T			<u> </u>					
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		T-COMPLIA		UN AIR BA	G USAGE	EJECTION	TRAPPED	
OL STATE		ICENSE NUMBER		OFFEN	SE CHAI	RGED	GED LOCAL OFFENSE DESC				CITA	CITATION NUMBER				
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OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER	ALC	DHOL / DRUG SUSP	ECTED	CONDITION		ALCOHO	LCOHOL TEST TYPE VALUE ST		DRUG TEST(STATUS TYPE RESU		T SELECT UP TO 4	
	SELECT OF 10 2		BY	STRACTED	=	_	RIJUANA		STATUS	11112	VALUE	STATUS	''''	KLSULI	SELECT OF 10 4	
	IDIES	CEATING DOCUTION		ATD DAC	0	THER DRUG	•	OL DESTRI	TION(C)		• LLLL	CTION	L	L CT CTA	THE	
1 - FATAL	IRIES	1 - FRONT - LEFT SIDE	1 - NOT DE	AIR BAG PLOYED		1 - CLASS A	5	1 - ALCOHOL INTE			RIVER DISTRACTED	PITUN		EST STA E GIVEN	105	
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTA			MANUALLY OPERATI			REFUSED	T111111TF5	
3 - SUSPECTED4 - POSSIBLE IN		3 - FRONT – RIGHT SIDE	3 - DEPLOY 4 - DEPLOY	/ED SIDE /ED BOTH FRO	ONT / SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE L 4 - FARM WAIVER	ENSES		DEVICE (TEXTING, T' DIALING)			F GIVEN, CON PLE / UNUSA		
5 - NO APPAREN	IT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT AP			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS		3-	TALKING ON HANDS-			r GIVEN, RES r GIVEN, RES	ULTS KNOWN	
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	/MENT UNKN	OWN	6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS			COMMUNICATION DE TALKING ON HAND-H			NOWN	ULIS	
1 - NOT TRANSP /TREATED AT		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	E	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACT			COMMUNICATION DE OTHER ACTIVITY WI		ALC	HOL TES	ST TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJI			H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS			ELECTRONIC DEVICE		1 - NONI 2 - BLOO			
3 - POLICE 9 - OTHER / UNK	(NOWN	8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE	2 - PARTIA 3 - TOTALL	LLY EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PE RESTRICTIONS			PASSENGER OTHER DISTRACTION		3 - URIN			
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT AP			N - TANKER		10 - LIMITED TO DA		γ	INSIDE THE VEHICLE		4 - BREA			
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	Т	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TODOVOL F	11 - LIMITED TO EN 12 - LIMITED - OTH			OTHER DISTRACTION THE VEHICLE	I OU I SIDE	5 - OTHE			
	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOT TRA	APPED		S - SCHOOL BUS	JIOROTOLE	13 - MECHANICAL I		9-	OTHER / UNKNOWN		1 - NONI	UG TEST E	TYPE	
3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENC		12 - PASSENGER IN UNENCLOSED	2 - EXTRIC MECHA	ATED BY NICAL MEANS	S	T - DOUBLE & TRIPLE		CONTROLS, OR ADAPTIVE DEV	OTHER		CONDITION			2 - BLOOD		
5 - CHILD REST	RAINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT	3 - FREED NON-ME		EANS	X - TANKER / HAZMAT		14 - MILITARY VEH			APPARENTLY NORMA PHYSICAL IMPAIRME	3 Olulie				
	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR	NON-MECHANICAL MEANS			15 - MOTOR VEHICL AIR BRAKES	ES WITHOUT 3 - EMO		EMOTIONAL (E.G., DEP	RESSED,			SULT(S)			
REAR FACING 7 - BOOSTER SE	G	(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRR	OUTSIDE MIRROR 4- ILLNESS			DRUG TEST RESULT(S) 1-AMPHETAMINES				
8 - HELMET USI		99 - OTHER / UNKNOWN						17 - PROSTHETIC A	ID		FELL ASLEEP, FAINTE FATIGUED, ETC.	ED,		BITURATES	F.C	
9 - PROTECTIVE (ELBOW, KNE								TO-OLDER		6- l	JNDER THE INFLUEN			ZODIAZEPINI NABINOIDS	ΕŞ	
10 - REFLECTIVE										1	OF MEDICATIONS / DF ALCOHOL	1063	5 - COCA	AINE		
11 - LIGHTING - F BICYCLE ON										9- (OTHER / UNKNOWN			ITES / OPIOID ER	0\$	
	OTHER / UNKNOWN									7 - OTHER 8 - NEGATIVE RESULTS				LTS		

Ĺ	OHIO DEI OF PUBL SAFETY - SERV	OHIO DEPARTMENT OF PUBLIC SAFETY OF CULPANT / WITNESS ADDENDUM							B - 0 0	ORT NUMBE	L 4 0	4				
	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ı	01	COLVILLE, SHYANNE							1 1 / 2 3 / 2 0 0 9 1 3 F							
1	ADDRESS	ESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
	23 W POSTAL AVE NEWARK, OH 43055															
		INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIA				TRAPPED				
ļ		ВУ					0 4	MC HELMET	0 3	3	1	1				
ı	UNIT #	NAME: LAST, FIRST, MIDDLE						D	ATE OF BIRTH		AGE	GENDER				
ļ	ADDDESS	ADDRESS: STREET, CITY, STATE, ZIP							NE - INCLUDE AREA C	DDE						
	ADDRESS	. STREET, 0111,	SIAIE, ZIF					CONTACT FILE	NE - INCLUDE AREA G							
ł	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT C	SEATING POSITION	GE EJECTION	TRAPPED					
ı	1 1	TAKEN BY	EN				USED	MC HELMET								
ì	UNIT #	NAME: LAS	T, FIRST, MIDDLE		I			DATE OF BIRTH AGE GENDER								
ı																
	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
ļ		I					T									
1	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIAN		AIR BAG USA	GE EJECTION	TRAPPED				
ļ	UNIT #		T FIRST MIRRIE									GENDER				
ı	UNII #	NAME: LAS	T, FIRST, MIDDLE					J.,	ATE OF BIRTH		AGE	GENDER				
ł	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHO	NE - INCLUDE AREA C	DE.						
									1 1	1 1	1 1	1 1				
ł	INJURIES INJURED EMS AGENCY (NAME) TAKEN			INJURED TAKEN TO: MEDICAL FACILIT	CAL FACILITY (NAME, CITY) SAFETY EQUIPMENT		DOT-COMPLIA	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED					
		BY					USED	MC HELMET								
			IRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG	USAGE					
	1 - FATA		DIQUE IN HIDV	1 - NONE US VEHICLE	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	ER)	1 - NOT DEPLOYED							
			RIOUS INJURY NOR INJURY	2 - SHOULDE	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASS ESTRAINT SYSTEM - 5 - SECOND - MIDDLE RD FACING 6 - SECOND - RIGHT SIDE			2 - DEPLOYED F			1					
		SIBLE INJU		3 - LAP BEL				E								
	5 - NO A	PPARENT	INJURY					ENGER)		FRONT/SIDE						
		INJURED	TAKEN BY					DE		5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN						
		TRANSPOR			ESTRAINT SYSTEM -	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE		CAD)	7- DET E0							
	2 - EMS	EATED AT S	CENE	REAR FA		O TUIDO MIDDIE			1 - NOT F.	EJECTION 1 - NOT EJECTED						
	3 - P0L1			8 - HELMET			D – RIGHT SIDE		2 - PARTIALLY EJECTED							
	9 - 0THI	ER/UNKNO	OWN		TIVE PADS USED	11 - PASS	PER SECTION (ENGER IN OTH	ER ENCLOSED	3 - TOTAL	LY EJECTE	.D					
					KNEES, ETC.) IVE CLOTHING		O AREA (NON-TE PICK-UP WITH CAI									
					G – PEDESTRIAN		ENGER IN UNE	NCLOSED	PED							
				/ BICYCL			O AREA LING UNIT	1 - NOT TRAPPED								
				99 - OTHER /	UNKNOWN		NG ON VEHICLE	EXTERIOR	RIOR 2 - EXTRICATED BY MECHANICAL MEANS							
							MOTORIST		3 - FREED MEAN	3 - FREED BY NON-MECHANICAL						
ļ						99 - OTHE	R / UNKNOWN	I _		J		I				
		ST, FIRST, MIDD ELL, LISA							ATE OF BIRTH	.6 .2 .	AGE 6 0	GENDER F				
		: STREET, CITY,							2 9 / 1 9 6 2 6 0 F							
Ì	78 WO	DDSEDGE	CR HEATH, OH 4	3056												
j		ME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GEN							
		ILSON, AMBER JANE							2 / 1 9		3 0	F				
		DDRESS: STREET, CITY, STATE, ZIP 260 GREEN VALLEY DR G HEATH, OH 43056						CONTACT PHONE - INCLUDE AREA CODE								
۱		ST, FIRST, MIDD						D.	ATE OF BIRTH		AGE	GENDER				
		R, JOSEP						0 3 / 1	9 / 1 9	9 2	3 1	M				
		: STREET, CITY,		011 42055				CONTACT PHO	NE - INCLUDE AREA CO	- INCLUDE AREA CODE						
1	1550 S/	ADDLEBR	OOK DR HEATH, (UH 43056												

Ũ	OCCUPANT / WITNESS ADDENDUM							2023	- 0 0	ORT NUMBER	4 0	4		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
į	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	AUUKE55:	: SIKEEI, CIIY,	STATE, ZIP	CONTACT PHONE	- INCLUDE AREA CO									
ä	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
Į		J BY									لـــــا			
	UNIT #	NIT # NAME: LAST, FIRST, MIDDLE							E OF BIRTH		AGE	GENDER		
ļ.	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	L DE		L		
OCCUPAN		, ,							<u> </u>					
0	INJURIES	TAKEN	EMS AGENCY (NAME)		USED TOT-COMPLIANT			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
5		BY						☐ MC HELMET						
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
ANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
OCCUPAN									1 1					
0	INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5	LINITE II	BY						INC HELMET	E OF BIRTH		•••	CENDED		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAI	E OF BIRTH		AGE	GENDER		
ANT	ADDRESS:	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT									1 1					
٥	INJURIES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILIT	D TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED			SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
			JRIES	SAFFT	/ EQUIPMENT USED		SEATING POS	ITTON		AIR BAG U	SAGE			
I	1 - FATA			1 - NONE US			T – LEFT SIDE	-11-01	1 - NOT DE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	2 - SUSI	PECTED SE	RIOUS INJURY		E OCCUPANT DER BELT ONLY USED LT ONLY USED DER & LAP BELT USED (MOTORCYCLE DRIV 2 - FRONT – MIDDLE 3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE (MOTORCYCLE PASS			VER) 2 - DEPLOYED		YED FRONT				
			NOR INJURY					4 25212155						
		SIBLE INJU APPARENT I		4 - SHOULDE					FRONT/SIDE					
	5 - CHILD R				RESTRAINT SYSTEM – 5 - SECOND – MIDDLE RD FACING 6 - SECOND – RIGHT SII)E	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
		TRANSPOR			ESTRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE	CAR)	EJECTION					
	/TREATED AT SCENE REAR FA 2 - EMS 7 - BOOSTEF			R SEAT 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE			CAIC	1 - NOT EJ		JN				
	3 - POLICE 8 - HELMET							2 - PARTIALLY EJECTED						
	9 - OTHI	ER/UNKNO	OWN		CTIVE PADS USED 11 - PASSENGER IN OTI V, KNEES, ETC.) 11 - CARGO AREA (NON-				3 - TOTALLY EJECTED					
				10 - REFLECT	IVE CLOTHING	BUS, F	PICK-UP WITH CAI	P)			'n			
				11 - LIGHTING / BICYCLI	G – PEDESTRIAN E ONLY	CARG	O AREA	1 - NOT TRAPPED 2 - FXTRICATED BY MECHA						
				99 - OTHER /	UNKNOWN		LING UNIT NG ON VEHICLE					CAL		
							TRAILING UNIT) MOTORIST		3 - FREED BY NON-MECHANICAL					
							R / UNKNOWN		MEANS	i				
SS		ST, FIRST, MIDD							E OF BIRTH	7 2	AGE 5 0	GENDER F		
WITNESS		ER, CORI						CONTACT PHONE			5 0			
8	10300 MIDLAND OIL RD GLENFORD, OH 43739 NAME: LAST, FIRST, MIDDLE													
SS							DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
> _										<u>, </u>				
ESS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE				■		
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