OHO DEPAR OF PUBLIC S	TDACE	CDA	cu l	REPORT *DI	FAIOTEC 14410A	TORU FIFE B FOR		LIT ORDODE		LOCAL PEROP					
			1.0	*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT IL INFORMATION					LOCAL REPORT NUMBER * 000220023931						
X PHOTOS TAI	Тон-1			PORTING AGENCY NAME *			N	ICIC *	HIT/SKIP	NUMBER OF U		UNIT IN ERROR			
SECONDARY		TE PROPERTY	Cle	ermont County Sheriff			0.	1300	1 - SOLVED 2 - UNSOLVED	1 1	1 9	8 98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOC	ALITY*	LOCATIO	: CITY. VI	ILLAGE. TOWNSHIP*					CRASH DATE	/ TIME*	CR	ASH SEVERITY			
13		Batavia							07/30/202	2 20:23	. 5 .	- FATAL			
	~	REFIX 1 - NOF		CATION ROAD NAME				ROAD TYPE	·	CIMAL DEGREES	L	SERIOUS INJURY SUSPECTED			
LOCATI	1,	2 - SOU 3 - EAS	· c	lklick				RD	39.004		3 -	MINOR INJURY			
	OUTE NUMBER (PI	4 - WES	1	FERENCE ROAD NAME (RO	AD MILEDOST	HOUSE #V			LONGITUDE		4 -	SUSPECTED INJURY POSSIBLE			
ERENC	- Translation (F)	2 - SOU 3 - EAST	тн		AD, MILEFOST,	HOUSE #1		ROAD TYPE	LONGITUDE			PROPERTY DAMAGE			
REF		4 - WES		294					-84.140	861		ONLY			
REFERENCE PO	CTION I	ECTION EFERENCE		ROUTE TYPE	AL ALLEY	ROAD TY		D. BOAD	l	INTERSECTIO					
3 12 - MILE PO		1 - NORTH 2 - SOUTH		ERSTATE ROUTE (TP)	AL - ALLEY AV - AVENUE	HW - HIGH LA - LANE		D - KOAD Q - SQUARE	WITHIN INTE	RSECTION OR ON	I APPROAC	H			
3 - HOUSE #		3 - EAST 4 - WEST		DERAL US ROUTE	BL - BOULEVA			T - STREET	WITHIN INTE	RCHANGE AREA	NUM	IBER OF APPROACHES			
DISTANCI FROM REFEREN	DIS UNIT OF	TANCE MEASURE		ATE ROUTE	CR - CIRCLE CT - COURT	OV - OVAL PK - PARKI		E - TERRACE L - TRAIL		ROAD					
		1 - MILES 2 - FEET		MBERED TOWNSHIP	DR - DRIVE	PI - PIKE		/A - WAY	ROADWAY						
0.30		3 - YARDS	2 - 2 - 2	UTE	HE - HEIGHTS	PL - PLACE			ROADWAY L	יועוטנט					
	OCATION OF FIRST	HARMFUL E				RASH COLLISIO		СТ	DIRECTION OF TRAV	/EL	MEDIA	N TYPE			
1 1	SHOULDER	10 - DRIVEW		EY ACCESS	BETWEEN	4 - REAR-TO- 5 - BACKING	REAR		1 - NORTH 2 - SOUTH	I .		JSH MEDIAN			
3 - IN N	iedian Roadside	11 - RAILWA		1 ,	TWO MOTOR VEHICLES IN	6 - ANGLE			3 - EAST		<4 FEET) NVIDED FLI	JSH MEDIAN			
5 - ON (TRAILS	USE PA	TRANSPORT 7 - SIDESWIPE, SAME DIRECTION					4 - WEST		(≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN				
1	SIDE TRAFFIC WAY				7 - REAR-ENT)						IVIDED, RAISED MEDIAN				
7 - ON 8 8 - OFF		14 - TOLL BO 99 - OTHER			HEAD-ON	9 - 01HEK / 0	NKNOW	N		1	NY TYPE) THER / UNKNOWN				
WORK ZONE I	DEL ATED	····· 1 ····	V/	VORK ZONE TYPE	1000	TION OF CRAS	SLINIMO	DV 70ME	CONTOUR	CONDITIO		SURFACE			
		ĺ		NE CLOSURE		1 - BEFORE TH			121	1		1			
WORKERS PRI	:SEN1		2 - LAN	NE SHIFT/ CROSSOVER		WARNING S		- 4054	1 - STRAIGHT	1 - DRY		1 - CONCRETE			
LAW ENFORCE	MENT PRESENT			DRK ON SHOULDER MEDIAN		2 - ADVANCE \ 3 - TRANSITIO		AREA	LEVEL	2 - WET		2 - BLACKTOP,			
	***************************************			ERMITTENT OR MOVING WORK 4 - ACTIVITY AREA 5 - TERMINATION AREA				2 - STRAIGHT GRADE	3 - SNOW		BITUMINOUS, ASPHALT				
ACTIVE SCHO	OL ZONE		5 - OT						3 - CURVE LEVEL	4 - ICE 5 - SAND, MUD	, DIRT,	3 - BRICK/BLOCK			
	LIGHT CONDITION	1			WEATHE	R		ſ	4 - CURVE GRADE	OIL, GRAVEI 6 - WATER (STA		4 - SLAG , GRAVEL, STONE			
1 - DAYL 2 - DAW			İ	1 - CLEAR . 1 . 2 - CLOUDY	6 - SNOW				9 - OTHER /UNKNOWN	MOVING)	inding,	5 - DIRT			
 	: - LIGHTÉD ROADV	VAY		3 - FOG, SMOG, SM		E CROSSWINDS ING SAND, SOIL		IOM		7 - SLUSH	ZALOVANI	9 - OTHER / UNKNOWN			
l	- ROADWAY NOT			4 - RAIN 9 - FREEZING RAIN OR FREEZING						9 - OTHER / UNKNOWN		, , , , , , , , , , , , , , , , , , , ,			
	(- UNKNOWN ROA R / UNKNOWN	ADWAY LIGHT	ING	5 - SLEET, HAIL	99 - OTH	R / UNKNOWN									
NARRATIVE	IN ONKINOVIV				***************************************						-				
	veling south or	Elklick Roa	d in Ea	st Fork State Park and :	struck a deei	.		1	1						
vollidio mad tiv	Toming Code (i) or	i annien moe	G 111 EG	or on our or an and	struck a acci		1	[1						
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	-				<u>.,</u>										
CRASH REPOR	TED DATE / TIME		DISP	ATCH DATE / TIME	P	RRIVAL DATE	TIME		SCENE CLEARED D	ATE / TIME	P	PORT TAKEN BY			
07/30/2	2022 20:23		07/	30/2022 20:28		7/30/2022 2	20:39	ĺ	07/30/2022	21:36	ļ	DLICE AGENCY			
TOTAL TIME	OTHER		TAL	OFFICER'S NAME*			Снеске	D BY OFFICER':	S NAME*		—Шм	OTORIST			
ROADWAY CLOSED	INVESTIGATION	TIME MIN	UTES	WALSH			Rudd	, Jeffrey	······································	·····	Xsu	PPLEMENT			
			Ω	1	ADGE NUMBE	R*		CHECKED BY C	OFFICER'S BADGE N	UMBER*	(COR TO AN	RECTION OR ADDITION EXISTING REPORT SENT TO			
			8	2	662				R3052		ODPS)				

OHIO DEPARTMENT OF PUBLIC BAFETY AMERI - SURVEY - PROTECTION	U	N	ΙT	
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LOCAL REPORT NUMBER

0002	200	23	931

	*			,		···	000220023931						
UNIT#	OWNER NAME: LAST, FIRST,	, MIDDLE (SAME AS DRIVER)		OMNE	R PHONE:INCLUDE	AREA CODE (SAME AS DRIVER)	DAMAGE						
<u>~</u> 1	MATTRESS, SHEENA			L	6.6			DAI	MAGE SCALE				
4	DDRESS: STREET, CITY, STATE, 2						1 - NONE		3 - FUNCTIONAL DAMAGE				
·	VER ROAD, CINCINN						2 2 - MINOR						
COMMER	CIAL CARRIER: NAME, ADDRES	SS, CITY, STATE, ZIP	:	Co	MMERCIAL CARRIER P	HONE: INCLUDE AREA CODE		9 - L	JNKNOWN				
									AGED AREA(S)				
LP STATE	LICENSE PLATE #	VEHIC	LE IDENTIFICATION #		VEHICLE YEA	R VEHICLE MAKE	"	NDICATI	E ALL THAT APPLY				
OH	JJP1438		F1H36AL001518		2010	HONDA			12				
INSURA VERIFIE	INSURANCE COMPA		INSURANCE POLICY #		COLOR	VEHICLE MODEL	"		11 12				
LESTAFIE			26025921		GRY	ACCORD CROSSTOU	R 10 11 1	/2	10				
·	TYPE OF USE	IN EMERGENCY	US DOT#	Tow	ED BY: COMPANY	NAME	10 2	-	- 10,40° 2 -				
СОММЕ		RESPONSE	ICLE WEIGHT GVWR/GCWR	. }	HAZARDO	US MATERIAL		3	9 9 3				
DEVICE	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS.		^{1ATERIAL} CL	ASS # PLACARD ID #	1, 7, 1	7,	Z 1/ A 1/ 2				
EQUIPP		4 _	2 - 10.001 - 26K LBS. 3 - > 26K LBS.		ELEASED LACARD I	1.1		/	•				
	1 - PASSENGER CAR 6 - VA	AN (9-15 SEATS)		IMO (LIVEI	RY VEHICLE) 23	- PEDESTRIAN/SKATER	6	عبر11	12 7 6				
, 1 ,	2 - PASSENGER VAN 7 - MO	OTORCYCLE 2-WHEELED			•	- WHEELCHAIR (ANY TYPE)	10	$\mathcal{A}_{\mathbb{R}}$	12				
<u> </u>		OTORCYCLE 3-WHEELED	14 - SINGLE UNIT 20 - C	THER VEH	HCLE 25	- OTHER NON-MOTORIST]	<u> </u>					
UNIT TYPI	VEHICLE 10 - M	JTOCYCLE MOPED OR MOTORIZED	15 - SEMI-TRACTOR 21 - H	EAVY EQU		- BICYCLE	9		9 3 3				
		CYCLE				- TRAIN		- [
	5 - CARGO VAN 11 - A (ATV)	LL TERRAIN VEHICLE	17 - MOTORHOME		gg	- UNKNOWN OR HIT/SKIP	8		7 5 4				
	# of TRAILING UNITS						12	7	6 12				
	WAS VEHICLE OPERATING IN AL		0 - NO AUTOMATION 3 -	CONDITIO	ONAL AUTOMATIO	N 9 - UNKNOWN							
ž	MODE WHEN CRASH OCCURRE	D? 1 0 1			TOMATION		10	/2	10				
_2	1 - YES 2 - NO 9 - OTHER / U		JS 2 - PARTIAL AUTOMATION 5 -	FULL AUT	FOMATION		10 2	7	10 7 2				
·		MODE LEVEL			~			_/°	9 9 0 3				
	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUF 7 - BUS - INTERCITY	R 11 - FIRE 12 - MILITARY	16 - FA 17 - MC		21 - MAIL CARRIER	7 9 5	/4	.5 .7 .1 .1				
	3 - ELECTRONIC RIDE	8 - BUS - SHUTTLE	13 - POLICE		IOW REMOVAL	99 - OTHER / UNKNOWN		<i>'</i> '	, ,				
SPECIAL	SHARING	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TO			0 5		6				
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.		FETY SERVICE TROL								
							-	11	2 12 - 12				
1 1 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING 5 - INTERMODAL	7 - GRAIN/CHIPS/GRAVEL 8 - POLE	11 - DU	JMP DNCRETE MIXER	99 - OTHER / UNKNOWN	12 6 8	Jun 1					
CARGO	2 - BUS	CONTAINER CHASSIS	9 - CARGO TANK		ITO TRANSPORTER		a A R	. /)	G 3 9 7 3 9 88 3				
BODY	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	10 - FLAT BED		RBAGE/REFUSE			" e/	3 9 3 3				
TYPE							1	1	(P)				
	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT		TOR TROUBLE SABLED FROM PRIOI	99 - OTHER / UNKNOWN		į į					
VEHICLE DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE		CIDENT	`		U	,				
DELECTO	- 100 (100) - 100 (100)	The second second second second					- NO DAM	AGE [0] UNDERCARRIAGE [14]				
ļ. ,	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE		IVEWAY ACCESS	99 - OTHER / UNKNOWN	П		[
NON-	2 - INTERSECTION -	5 - TRAVEL LANE -	0 - SIDEWALK		ARED USE PATHS TRAILS		□- ТОР (13)		ALL AREAS [15]				
MOTORIST LOCATION	UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	OTHER LOCATION 6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND		ST RESPONDER INCIDENT SCENE			UNIT NOT AT SCENE [16]					
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC		LKING, RUNNING,	21 - STANDING OUTSIDE	15.119						
	2 - NON-COLLISION	2 - BACKING	LANE	JOG	GING, PLAYING	DISABLED VEHICLE	0 - NO D		INT OF CONTACT				
ı 3 ı	: 1 :	3 - CHANGING LANES 4 - OVERTAKING/PASSING	10 - PARKED · 11 - SLOWING OR STOPPED	16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR		99 - OTHER / UNKNOWN							
Adminati	A STRUCK PRE-CRASH	5 - MAKING RIGHT TURN	IN TRAFFIC					AGRAM	UNIT 15 - VEHICLE NOT AT SCENE				
	5 - BOTH STRIKING	6 - MAKING LEFT TURN 7 - MAKING U-TURN	12 - DRIVERLESS		VING VEHICLE		13 - TOP		99 - UNKNOWN				
	& STRUCK	8 - ENTERING TRAFFIC	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	19 - STANDING 20 - OTHER NON-MOTORIS		т	15 161						
	9 - OTHER / UNKNOWN	LANE	SPECIFIED LOCATION		**			ŤR	AFFIC				
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOS /ACDA	E 13 - IMPROPER START FROM A PARKED POSITION		RATING DEFECTIVE IPMENT	23 - OPENING DOOR INTO ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL				
	3 - RAN RED LIGHT	9 - IMPROPER LANE	14 - STOPPED OR PARKED		D SHIFTING	99 - OTHER IMPROPER	1 - ONE-WAY 2 - TWO-WAY		1 - ROUNDABOUT 4 - STOP SIGN				
	4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID		LING/SPILLING ROPER CROSSING	ACTION	1 2 1	6	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
CONTRIBUTING	C MADDOODED YURNI	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYIN	IG IN ROADWAY				J 3 - FLASHER 6 - NO CONTROL				
	r - LEFT OF CENTER	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT	DISCERNIBLE		# OF THROUGH LANES		RAIL GRADE CROSSING				
SEQUENCE	OF EVENTS		The state of the s				ON ROAD		1 - NOT INVLOVED 2 - INVOLVED-ACTIVE CROSSING				
4.0		~	EVENTS				1		3 - INVOLVED-PASSIVE CROSSING				
1 18		7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION		MAL -OTHER FOR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR	-7/		***************************************				
	3 - IMMERSION 9	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	TRAN	NSPORT	ANYTHING SET IN	UNIT / I	иои-м	IOTORIST DIRECTION				
2]		10 - CROSS MEDIAN 11 - CROSS CENTERLINE -	15 - PEDALCYCLE 16 - RAILWAY VEHICLE	21 - PARI VEHI	KED MOTOR ICLE	MOTION BY A MOTOR VEHICLE			1 - NORTH 5 - NORTHEAST				
	LOSS OR SHIFT	OPPOSITE DIRECTION	17 - ANIMAL - FARM	22 - WOF	RK ZONE	24 - OTHER MOVABLE OBJECT			2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST				
3	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER		NTENANCE IPMENT		FROM 1 TO	2	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST				
			ON WITH FIXED OBJECT - ST	FRUCK					9 - OTHER / UNKNOWN				
4		B1 - GUARDRAIL END 32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	45 - EMBA 46 - FENC		52 - BUILDING 53 - TUNNEL	1111777		PA 1919 P				
	26 - BRIDGE OVERHEAD 3	33 - MEDIAN CABLE BARRIER	SUPPORT	47 - MAIL	.BOX	54 - OTHER FIXED	UNIT SPEED		DETECTED SPEED				
5	27 - BRIDGE PIER OR	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE		HYDRANT	OBJECT 99 - OTHER / UNKNOWN	10 (1 - STATED / ESTIMATED SPEED				
	ABUTMENT 3 28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE BARRIER	OR SUPPORT 42 - CULVERT	50 - WOR	RK ZONE NTENANCE				4				
6	29 - BRIDGE RAIL 3	86 - MEDIAN OTHER BARRIEF	R 43 - CUR8	EQUI	PMENT	Ţ	POSTED SPEED	1	2 - CALCULATED / EDR				
		37 - TRAFFIC SIGN POST	44 - DITCH	51 - WAL	L		~ -	1	3 - UNDETERMINED				
т 1 т	CIDCT LIADMEIN EVENIT	1 MAGET	LIADARCHI CVENIT				30 .	- 1					

OHIO DE OF PUBL	PUBLIC BAYETT MOTORIST / NON-MOTORIST									LOCAL REPORT NUMBER						
UNIT#	I W :		014-	KAIC		(12)						22002	3931		· · · · · · · · · · · · · · · · · · ·	
UN(1 #		t, first, middle SS, SHEENA									DATE OF BIRTH	4		AGE	GENDER	
ADDRESS	STREET, CITY,				 			· · · · · · · · · · · · · · · · · · ·	CON		01/05/1993 ONE - INCLUDE	ABEA COL		29	<u> </u>	
2466 RI	VER ROAD,	CINCINNATI, OH, 45204							49. 30	Section of the second		AREA COI	DE .			
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY (NAME	CITY)	SAFETY EQUIPMEN	r	OT-COMPLIA	SEATING		BAG USAG	E EJECTIO	N TRAPPEC	
5	BY 1			4				C HELMET			1	1	1			
OL STATE	OPERATOR	LICENSE NUMBER		OFFEN	ISE CHAR	GED	LOCAL	OFFENSE DESCI	RIPTION			CIT	ATION N	UMBER		
ОН	11.75															
OL CLASS	ENDORSEME	NT RESTRICTION SELECT UP TO 3	DRI	VER TRACTED		HOL / DRUG SUSP		CONDITION			L TEST			इ मध्या	(S)	
4		3	ВУ	1 1		DHOL MARIJI ER DRUG	UANA	1	STATUS 1	TYPE 1	VALUE	STATUS	TYPE	RESULT	S SELECT UP TO 4	
UNIT #	NAME: LAST	, FIRST, MIDDLE					e e e e e e		 	L	ATE OF BIRTH			AGE	GENDER	
ļ																
ADDRESS:	STREET, CITY,	STATE, ZIP						· · · · · · · · · · · · · · · · · · ·	CONT	ГАСТ РНО	NE - INCLUDE .	AREA COD	DE		<u> </u>	
										et i						
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO: N	MEDICAL FACILITY (NAME,	CITY)	SAFETY EQUIPMENT		T-Complia	SEATING POSITION	AIR	BAG USAGI	E EJECTIO	N TRAPPED	
	ВУ			ļ	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		MC	HELMET						
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHARG	ED	LOCAL	OFFENSE DESCR	IPTION			CITA	ATION N	UMBER		
				<u> </u>												
OL CLASS	ENDORSEMEN	RESTRICTION SELECT UP TO 3	DRIV	/ER 'RACTED		HOL / DRUG SUSPE		CONDITION	STATUS	TYPE	VALUE	STATUS	,	DEST(S SELECT UP TO 4	
			ВУ		OTHE	R DRUG					,	JIMIOS	""	NESOE13	SELECT OF TO 4	
UNIT #	NAME: LAST	, FIRST, MIDDLE		12 13 . 2	<u> </u>	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				D	ATE OF BIRTH			AGE	GENDER	
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONT	ACT PHO	NE - INCLUDE /	REA COD	E		A.,	
INITIDITE	MUUDED IF	NAC Agriculturi		MULIOTO :	TAKEN TO N	TEDICAL FACILITY (NAME, C		A PRINT ROLLING ART			7		***************************************	·		
INJURIES	TAKEN BY	MS AGENCY (NAME)	ļ	IIVOKED	TAKEN TO: IV	TEDICAL PACILITY (NAME, C		SAFETY EQUIPMENT USED		T-COMPLIAN	SEATING POSITION	AIRB	AG USAGE	EJECTION	TRAPPED	
		CENSE NUMBER	·····	OFFENS	SE CHARG	FD	LOCAL	OFFENSE DESCR	<u></u>			CITA	ATION AII	laanen.		
							CODE	on muc beaut				City	ATION NU	DIVIBER		
OL CLASS	ENDORSEMEN	T RESTRICTION SELECT UP TO 3	DRIV	ER	ALCOH	OL / DRUG SUSPE	CTED	CONDITION	Α	LCOHO	L TEST		DRUG	TEST(S)	
			DISTI	RACTED		HI	ANA		STATUS	TYPE	VALUE	STATUS	TYPE		SELECT UP TO 4	
						R DRUG										
INJU FATAL	RIES	SEATING POSITION 1 - FRONT - LEFT SIDE	A 1 - NOT DEF	IR BAC	1 - 1114	OL CLAS	Programme and	OL RESTRIC		34 Y 81 (2)	ER DISTRA T DISTRACTED	CTION		31 SI/	ATUS	
SUSPECTED S	ERIOUS	(MOTORCYCLE DRIVER)	2 - DEPLOYE 3 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER DEVICE 2 - CDL INTRASTATI		2 - MA	NUALLY OPERAT	ING AN		REFUSED		
NJURY JUSPECTED I	/INOR	4 - SECOND - LEFT SIDE	4 - DEPLOYE FRONT/S	IDE		3 - CLASS C		3 - CORRECTIVE LEN 4 - FARM WAIVER		col	MMUNICATION I	DÉVICE	CON		D SAMPLE	
NJURY OSSIBLE INJ	URY		5 - NOT APF 9 - DEPLOYN		KNOWN	4 - REGULAR CLAS (OHIO = D)	S	5 - EXCEPT CLASS A 6 - EXCEPT CLASS A	BUS	۱۱۵ - 3 ا	LING) KING ON HAND		4 - TEST		/N	
IO APPAREN	T INJURY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	3)	ECTION	NI .	5 - M/C MOPED O	1	& CLASS B BUS 7 - EXCEPT TRACTO		4 - TAI	MMUNICATION I KING ON HAND	-HELD	5 - TEST			
	TAKEN BY		i - NOT EJEC	CTED		6 - NO VALID OL		8 - INTERMEDIATE L RESTRICTIONS 9 - LEARNER'S PERM		5 - OT	MMUNICATION I HER ACTIVITY WI CTRONIC DEVICE	TH AN		3	ST TYPE	
NOT TRANS TREATED A	The second of the property	10 - SLEEPER SECTION	2 - PARTIALI 3 - TOTALLY	EJECTED	D	OL ENDORSE H - HAZMAT		RESTRICTIONS 10 - LIMITED TO DA	6 - Jak	6 - PAS	SENGER HER DISTRACTIO		1 - NON 2 - BLOC			
MS POLICE		OF TRUCK CAB 11 - PASSENGER IN	- NOT APP	LICABLE APPEL		M - MOTORCYCLE		ONLY 11 - LIMITED TO EM		INS	DE THE VEHICLE		3 - URIN 4 - BREA			
OTHER / UN	IKNOWN		- NOT TRA	PPED		P - PASSENGER	100	12 - LIMITED - OTHE 13 - MECHANICAL D	R	· OU	SIDE THE VEHIC		5 - OTHE			
FETY EO	UIPMENT	12 - PASSENGER IN		ICAL MEA	150	N - TANKER Q - MOTOR SCOO	TER	(SPECIAL BRAKE CONTROLS, OR		2.17	CONDITIO	12.00	1 - NON		TYPE	
ONE USED		UNENCLOSED CARGO AREA : 13 - TRAILING UNIT	NON-ME		L MEANS	R - THREE-WHEEL MOTORCYCLE		ADAPTIVE DEVI 14 - MILITARY VEHIC	LES ONLY	2 - PHY	ARENTLY NORM SICAL IMPAIRME		2 - BLOC 3 - URIN	E	111	
HOULDER B		14 - RIDING ON VEHICLE EXTERIOR		ari. Bari	11.7	S - SCHOOL BUS		15 - MOTOR VEHICL WITHOUT AIR B	RAKES	DEPR	OTIONAL (E.G., ESSED, ANGRY,		4 - OTHE		3011157/01	
AP BELT ONI HOULDER & SED		(NON-TRÀILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN				T - DOUBLE & TRIP TRAILERS		16 - OUTSIDE MIRRO 17 - PROSTHETIC AII 18 - OTHER		4 - ILLN			1 - AMPH	IETAMINES	≅SULT(S)	
	AINT SYSTEM					X - TANKER / HAZI	MAT.			FATI	ASLEEP, FAINTE GUED, ETC.			ODIAZEPIN		
TAX 0.000 (10.00)	AINT SYSTEM					GENDER			Ke T	MEC	DER THE INFLUEN ICATIONS / DRU		5 - COCA			
OOSTER SEA	J. T. T.					F - FEMALE M - MALE					DHOL ER / UNKNOWN		7 - OTHE			
ROTECTIVE	PADS USED					U - OTHER / UNKN	OWN						8 - NEGA	TIVE RESU	LTS	
ELBOWS, KN REFLECTIVE (LIGHTING - 1	LOTHING															
/ BICYCLE ON OTHER / UN	ILY												: :			

OHIO DI	OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER 000220023931					
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE G					
1	WALES,	AMEENA					01/02/2010 12					
ADDRESS	: STREET, CIT	Y, STATE, ZIP					CONTACT PHON		REA CODE		L	
2466 RI	VER ROAD	D, CINCINNATI, OH, 4	5204				A second second second					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION 3	AIR BAG USA	GE EJECTIO	TRAPPE	
UNIT #	NAME: LA	ST, FIRST, MIDDLE	The transfer of the said will be		THE RESERVE OF THE PARTY OF THE		D.A	ATE OF BIRTH		AGE	GENDER	
1	ALI, AM	IYA					11	/17/2012	İ	9	F	
ADDRESS	STREET, CIT	Y, STATE, ZIP					CONTACT PHON		REA CODE			
2466 RIV	VER ROAD	, CINCINNATI, OH, 4	5204				name of the same o	and the same of th				
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING	AIR BAG USA	GE EJECTION	TRAPPE	
5	TAKEN BY 1					4	MC HELMET	position 4	1	1	1	
UNIT #	NAME: LA	ST, FIRST, MIDDLE		A A 52 10 10 10 10 10 10 10 10 10 10 10 10 10	201	330 11 11 12 20 10 10 10 10 10 10 10 10 10 10 10 10 10	D/2	TE OF BIRTH		AGE	GENDER	
1.	ALI, AMI	NA					01	/28/2014		8	F	
ADDRESS:	STREET, CITY	/, STATE, ZIP	***************************************	***************************************			CONTACT PHON		REA CODE		Γ	
2466 RI\	/ER ROAD	, CINCINNATI, OH, 4	5204				The state of the s	a vide				
INJURIES		EMS AGENCY (NAME)	···········	INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT C	SEATING	AIR BAG USAG	E EJECTION	TRAPPED	
5	TAKEN BY 1					4	DOT-COMPLIANT	POSITION 5	1	1	1	
UNIT #	1867	ST, FIRST, MIDDLE					DA	TE OF BIRTH	<u> </u>	AGE	GENDER	
1	 ALI, AM\	/RA										
	STREET, CITY					· · · · · · · · · · · · · · · · · · ·	CONTACT PHONE	/17/2012	EA CODE	9	F	
2466 RIV	ER ROAD	, CINCINNATI, OH, 45	5204				A CONTRACTOR OF STREET, STREET	****	EA CODE			
INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	** Angelia de la compania del compania del compania de la compania del compania del compania de la compania de la compania de la compania de la compania de la compania del	SEATING	AIR BAG USAG	E EJECTION	TRAPPED	
5	TAKEN BY 1 1					4	MC HELMET	position 6	1	1		
		URIES	SAFETY	EQUIPMENT USED		SEATING POS	TION		AIR BAG			
1 - NO APPARENT INJURY 5 - CHILD			4 - SHOULD 5 - CHILD RI FORWAR 6 - CHILD RI REAR FA 7 - BOOSTEI 8 - HELMET 9 - PROTECT (ELBOWS 10 - REFLEC 11 - LIGHTIN / BICYCI	er & Lap Belt Used Estraint System - RD Facing Estraint System - Cing R Seat Used IVE Pads Used S, Knees, Etc) IIVE Clothing IG - Pedestrian	NGER) AR) F TRUCK CAB R ENCLOSED RAILING UNIT WITH CAP) NCLOSED EXTERIOR	FRON 5 - NOT 9 - DEPLO 1 - NOT 2 - PART 3 - TOTA 4 - NOT 2 - EXTRI MECH 3 - FREED	IALLY EJECT LLY EJECTEI APPLICABLE TRAPP TRAPPED CATED BY IANICAL ME	NKNOWI ON ED O ED ANS				
NAME: LAS	T, FIRST, MID	DLE	e for fait Africa a succession			de e vari e relation e e vel	DAT	TE OF BIRTH		AGE	GENDER	
ADDRESS: S	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE	**************************************	NI	
NAME: LAS	T, FIRST, MID	DLE			Jan Maria San Jan San San Jan		DAT	TE OF BIRTH		AGE	GENDER	
ADDRESS: S	TREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			
NAME: LAST	r, first, midi	OLE	**		314 ° 578	33	DAT	E OF BIRTH		AGE	GENDER	
ADDRESS: S	TREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA	A CODE			