OHIO DEPARTMEN OF PUBLIC SAFET BASETY - BENYIGE - PROTECTION	111111111111111111111111111111111111111	1000	LOCAL REPORT NUMBER * 000220039027									
X PHOTOS TAKEN		OH -3	L INFORMATION	NCIC *	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
SECONDARY CRA	ASH PRIVATE PRO	JOHNEK	nont County Sheriff			01300 I	1 - SOLVED	NUMBER OF U	1 98	98 - ANIMAL		
COUNTY* LOCALI		ATION: CITY, VILLA				01300	2 - UNSOLVED CRASH DATE	/TIME*		99 - UNKNOWN		
COUNTY* LOCALI		nklin (Townsh					12/12/2022			ATAL		
	L 2 - S	2 - SERIOUS INJURY SUSPECTED										
NOUTE TYPE ROU	2	- SOUTH	38 870222 3 - MINOR INJURY									
	4	- WEST SR	133			RD	36.6702	-22		SUSPECTED		
	TE NUMBER PREFIX 1	- SOLITH					LONGITUDE D	NJURY POSSIBLE PROPERTY DAMAGE				
REFEREN	2 3 4	- EAST - WEST 131	4				-84.093382 ONLY					
REFERENCE POINT	FROM REFERENC	E	ROUTE TYPE		ROAD TYPE			INTERSECTIO	N RELATED			
1 - INTERSECTION	1 - NOR , 2 - SOU		STATE ROUTE (TF)		HW - HIGHWAY LA - LANE	SQ - SQUARE	WITHIN INTE	RSECTION OR ON	N APPROACH	1 1		
3 - HOUSE #	3 - EAST 4 - WES	US - FEDE			IP - MILEPOST		WITHIN INTE	RCHANGE AREA	NUMB	ER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASUR	SK - STATE			V - OVAL K - PARKWAY			ROAD	WAY			
TROW REFERENCE	1 - MIL	ES CK NOW	BERED COUNTY ROUTE	OR - DRIVE PI	- PIKE	WA - WAY	ROADWAY D					
	2 - FEET TR - NUMBERED TOWNSHIP HE - HEIGHTS PL - PLACE ROUTE TR - NUMBERED TOWNSHIP HE - HEIGHTS PL - PLACE											
	ATION OF FIRST HARM			ANNER OF CRASH C			DIRECTION OF TRAV	/EL	MEDIAN	TYPE		
1 - ON ROA		ROSSOVER DRIVEWAY/ALLEY	1 1	OT COLLISION 4 - R ETWEEN 5 - B	REAR-TO-REAR BACKING	l	1 - NORTH 2 - SOUTH		DIVIDED FLUS	SH MEDIAN		
3 - IN MED 4 - ON ROA		RAILWAY GRADE (.,,	NO MOTOR	ANGLE		2 3 - EAST	2 - [(<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN			
5 - ON GOI		HARED USE PATH RAILS	13 011	ransport 7 - S	SIDESWIPE, SAN		4 - WEST	1				
6 - OUTSID 7 - ON RAN	E TRAFFIC WAY 13 - B	SIKE LANE OLL BOOTH		EAK-END	OTHER / UNKN	POSITE DIRECTION		I	DIVIDED, RAIS	SED MEDIAN		
8 - OFF RAI		OLL BOOTH OTHER / UNKNOV			JITIER / OIVRN	OWN		1	'ANY TYPE) OTHER / UNKI	NOWN		
WORK ZONE REL	ATED	wo	DRK ZONE TYPE	LOCATION	OF CRASH IN	WORK ZONE	CONTOUR	CONDITI	ONS	SURFACE		
H		1 - LANE	CLOSURE	1 - BE	EFORE THE 1S	T WORK ZONE	11,	1 1		, 2 ,		
WORKERS PRESE			SHIFT/ CROSSOVER		'ARNING SIGN DVANCE WAR		1 - STRAIGHT	1 - DRY	/	1 - CONCRETE		
LAW ENFORCEM	LAW ENFORCEMENT PRESENT 3 - WORK ON SHOULDER 3 - TRANSITION AREA LEVEL 2 - WET 2 - BLACKTOP,											
ACTIVE SCHOOL	ZONE	4 - INTER	RMITTENT OR MOVING WO	KK	CTIVITY AREA	A D F A	2 - STRAIGHT GRADE	3 - SNOW 4 - ICE		BITUMINOUS, ASPHALT		
S - OTHER 5 - OTHER 5 - TERMINATION AREA 3 - CURVE LEVEL 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - CURVE GRADE OIL, GRAVEL 6 - WATER (STANDING, STONE												
										STONE		
1 - DAYLIGHT 1 - CLEAR 6 - SNOW 9 - OTHER MOVING) 1 - Q 2 - DAWN/DUSK 2 2 - CLOUDY 7 - SEVERE CROSSWINDS 7 - SLUSH									1	5 - DIRT 9 - OTHER		
3 - DARK -	LIGHTED ROADWAY			3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER / UNKNOWN						/ UNKNOWN		
	ROADWAY NOT LIGHT UNKNOWN ROADWAY		4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RA 99 - OTHER / UN		NG DRIZZLE						
9 - OTHER ,	/ UNKNOWN		·	•								
NARRATIVE		•										
			anklin Twp. when a dee ausing frontal damage							N		
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					SR 13	з						
							Address 1314	I SR 133				
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CRASH REPORT	ED DATE / TIME	DISPA	ATCH DATE / TIME	ARRIV	ARRIVAL DATE / TIME			DATE / TIME	I —	REPORT TAKEN BY		
12/12/20	022 08:45	12/	12/2022 07:26	12/12	2/2022 07:	38	12/12/202	.2 08:36		DLICE AGENCY		
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*	•		CHECKED BY OFFICE	R'S NAME*		OTORIST			
KUADWAY CLOSED	INVESTIGATION TIME	110130, 5			Rudd, J				Xsu	IPPLEMENT RECTION OR ADDITION		
70		70		SADGE NUMBER* 2733		CHECKED BY	OFFICER'S BADGE	NUMBER*		(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)		
		<u> </u>	I R	L133			R3052					



FIRST HARMFUL EVENT

| MOST HARMFUL EVENT

LOCAL REPORT NUMBER 000220039027 DAMAGE OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) OWNER PHONE:INCLUDE AREA CODE (SAME AS DRIVER) UNIT# **DAMAGE SCALE** WOODALL, DONALD OWNER ADDRESS: STREET, CITY, STATE, ZIP (| SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 2900 DR HAVEN RD, FELICITY, OH, 45120 9 - UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR **VEHICLE MAKE** CHEVROLET HYS1329 3GNCJLSB1KL161772 2019 INSURANCE COMPANY **INSURANCE POLICY #** VEHICLE MODEL INSURANCE VERIFIED COLOR STATE FARM C455274E3035 TRAX RED TOWED BY: COMPANY NAME TYPE OF USE US DOT# IN EMERGENCY NICHOLSVILLE TOWING COMMERCIAL GOVERNMENT HAZARDOUS MATERIAL RESPONSE VEHICLE WEIGHT GVWR/GCWR INTERLOCK # OCCUPANTS CLASS # PLACARD ID # 1 - ≤10K LBS. DEVICE EQUIPPED HIT/SKIP UNIT RELEASED - 10.001 - 26K LBS PLACARD 3 - > 26K LBS. 12 - GOLF CART 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 7 - MOTORCYCLE 2-WHEELED 2 - PASSENGER VAN 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 14 - SINGLE UNIT (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 3 - SPORT UTILITY TRUCK 9 - AUTOCYCLE 26 - BICYCLE 21 - HEAVY EQUIPMENT VEHICLE 15 - SEMI-TRACTOR 10 - MOPED OR MOTORIZED 22 - ANIMAL WITH RIDER OR 27 - TRAIN 4 - PICK UP BICYCLE 16 - FARM EQUIPMENT ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE 17 - MOTORHOME # of TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION MODE LEVEL 11 - FIRE 1 - NONE 6 - BUS - CHARTER/TOUR 16 - FARM 21 - MAIL CARRIER 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 2 - TAXI 1 3 - ELECTRONIC RIDE 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL SPECIAL SHARING 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING FUNCTION 4 - SCHOOL TRANSPORT 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE 5 - BUS - TRANSIT/COMMUTER PATROL 1 - NO CARGO BODY TYPE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN 1 / NOT APPLICABLE 5 - INTERMODAL 8 - POLE 12 - CONCRETE MIXER 2 - BUS CONTAINER CHASSIS CARGO 9 - CARGO TANK 13 - AUTO TRANSPORTER 3 - VEHICLE TOWING 6 - CARGOVAN BODY 10 - FLAT BED 14 - GARBAGE/REFUSE ANOTHER MOTOR VEHICLE /FNCLOSED BOX TYPE 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR VEHICLE ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE **DEFECTS** - UNDERCARRIAGE [14] - NO DAMAGE [0] - INTERSECTION -10 - DRIVEWAY ACCESS 4 - MIDBLOCK 7 - SHOULDER/ROADSIDE 99 - OTHER / UNKNOWN - ALL AREAS [15] MARKED CROSSWALK MARKED CROSSWALK 11 - SHARED USE PATHS _ - **TOP** [13] 8 - SIDEWALK 2 - INTERSECTION -TRAVEL LANE OR TRAILS 9 - MEDIAN/CROSSING UNMARKED CROSSWALK OTHER LOCATION - UNIT NOT AT SCENE [16] LOCATION 12 - FIRST RESPONDER ISLAND AT IMPACT 6 - BICYCLE LANE 3 - INTERSECTION - OTHER AT INCIDENT SCENE 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC 15 - WALKING, RUNNING. 21 - STANDING OUTSIDE 1 - NON-CONTACT INITIAL POINT OF CONTACT JOGGING, PLAYING DISABLED VEHICLE LANE 2 - BACKING 2 - NON-COLLISION 0 - NO DAMAGE 14 - UNDERCARRIAGE 16 - WORKING 3 - CHANGING LANES 10 - PARKED 1 99 - OTHER / UNKNOWN 3 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED 17 - PUSHING VEHICLE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 11 3 - STRIKING 18 - APPROACHING OR PRE-CRASH 5 - MAKING RIGHT TURN IN TRAFFIC DIAGRAM ACTION 4 - STRUCK 99 - UNKNOWN LEAVING VEHICLE **ACTIONS** 6 - MAKING LEFT TURN 12 - DRIVERLESS 5 - BOTH STRIKING 13 - TOP 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 19 - STANDING & STRUCK 8 - ENTERING TRAFFIC 14 - ENTERING OR CROSSING 20 - OTHER NON-MOTORIST 9 - OTHER / UNKNOWN LANE SPECIFIED LOCATION TRAFFIC 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE 1 - NONE 8 - FOLLOWING TOO CLOSE 23 - OPENING DOOR INTO TRAFFICWAY FLOW TRAFFIC CONTROL EQUIPMENT ROADWAY /ACDA 2 - FAILURE TO YIELD 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 3 - RAN RED LIGHT 9 - IMPROPER LANE 14 - STOPPED OR PARKED 19 - LOAD SHIFTING 99 - OTHER IMPROPER 2 - TWO-WAY 2 - SIGNAL 5 - YIFI D SIGN CHANGE ILLEGALLY /FALLING/SPILLING 4 - RAN STOP SIGN 2 6 - NO CONTROL 5 - UNSAFE SPEED 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 3 - FLASHER CONTRIBUTING 6 - IMPROPER TURN CIRCUMSTANCES 7 - LEFT OF CENTER 21 - LYING IN ROADWAY 11 - DROVE OFF ROAD 16 - WRONG WAY RAIL GRADE CROSSING 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE # OF THROUGH LANES ON ROAD 1 - NOT INVLOVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 **EVENTS** 3 - INVOLVED-PASSIVE CROSSING 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 23 - STRUCK BY FALLING, 19 - ANIMAL -OTHER 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN SHIFTING CARGO OR UNIT / NON-MOTORIST DIRECTION 3 - IMMERSION ANYTHING SET IN 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN TRANSPORT MOTION BY A MOTOR - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR 1 - NORTH 5 - NORTHEAST VEHICLE OTHER MOVABLE 5 - CARGO / EQUIPMENT 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE VEHICLE 2 - SOUTH 6 - NORTHWEST LOSS OR SHIFT OPPOSITE DIRECTION 17 - ANIMAI - FARM 22 - WORK ZONE OBJECT 3 - EAST 7 - SOUTHEAST OF TRAVEL MAINTENANCE 6 - EQUIPMENT FAILURE 18 - ANIMAL - DEER FROM 1 1 TO 2 8 - SOUTHWEST EOUIPMENT 9 - OTHER / UNKNOWN **COLLISION WITH FIXED OBJECT - STRUCK** 25 - IMPACT ATTENUATOR 31 - GUARDRAII FND 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING 32 - PORTABLE BARRIER 46 - FENCE 53 - TUNNEL / CRASH CUSHION 39 - LIGHT / LUMINARIES **UNIT SPEED DETECTED SPEED** 26 - BRIDGE OVERHEAD 54 - OTHER FIXED 33 - MEDIAN CABLE BARRIER SUPPORT 47 - MAILBOX - TREE STRUCTURE 34 - MEDIAN GUARDRAIL 40 - UTILITY POLE OBJECT 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 1 - STATED / ESTIMATED SPEED 27 - BRIDGE PIER OR BARRIFR 41 - OTHER POST, POLE 50 50 - WORK ZONE OR SUPPORT ABUTMENT 35 - MEDIAN CONCRETE MAINTENANCE 28 - BRIDGE PARAPET BARRIER 42 - CULVERT 2 - CALCULATED / EDR EQUIPMENT 29 - BRIDGE RAII 36 - MEDIAN OTHER BARRIER 43 - CURB 44 - DITCH POSTED SPEED 3 - UNDETERMINED 55

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER 000220039027									
UNIT #															GENDER		
1	WOODALL, RHONDA									01/31/1963					59	F	
ADDRESS:	STREET, CITY	, STATE, ZIP							CONT	ACT PH	IONE	- INCLUDE A	REA CODE				
		D, FELICITY, OH, 45120		T				T					1		T	. 1	
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO: M	TEDICAL FACILITY (NAME,	CITY)	SAFETY EQUIPMENT USED		Т-Сомрі		SEATING POSITION	AIR BA	AG USAGE	EJECTION	TRAPPED	
5	BY _1_						1	4		HELMI	EI	1	-	1 1		1	
	OPERATOR	LICENSE NUMBER		OFFEN	SE CHARG	ED	LOCAL	OFFENSE DESCRI	IPTION				CITA	TION NU	JMBER		
-	TAUD ODGESA		I		1		<u> </u>		Λ	LCOH		TEST		DPHG	TEST(S)	
OL CLASS	ENDORSEM	RESTRICTION SELECT UP TO 3	DIST	TRACTED		IOL / DRUG SUSPI HOL MARIJI		CONDITION	STATUS	TYPE		VALUE	STATUS	TYPE		SELECT UP TO 4	
4			ВУ	1	ОТНЕ	R DRUG		1	1	1			1	1			
UNIT #	NAME: LAS	ST, FIRST, MIDDLE							DATE OF BIRTH AGE				AGE	GENDER			
ADDRESS:	STREET, CITY	, STATE, ZIP							CONT	ACT PH	IONE	- INCLUDE A	REA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAM			CITY)	SAFETY EQUIPMENT USED		T-Compt		SEATING POSITION			USAGE EJECTION		
OL STATE		LICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DESCRIPTION CODE			OFFENSE DESCRI	IPTION					CITATION NUMBER				
OL CLASS	ENDORSEM	RESTRICTION SELECT UP TO 3		VER FRACTED	1—	IOL / DRUG SUSPI HOL MARIJI		CONDITION	STATUS	TYPE	OL.	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4	
			ВУ		ОТНЕ	R DRUG					.						
UNIT #	NAME: LAS	ST, FIRST, MIDDLE									DAT	E OF BIRTH			AGE	GENDER	
ADDRESS:	STREET, CITY	, STATE, ZIP							CONT	ACT PH	IONE	- INCLUDE A	REA CODE				
INJURIES	IES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED				DOT-COMPLIANT POSITION MC HELMET			AIR BA	AIR BAG USAGE EJECTION TRAPPED					
OL STATE	OPERATOR	LICENSE NUMBER		OFFENSE CHARGED LOCAL CODE				PTION				CITA	CITATION NUMBER				
OL CLASS	ENDORSEM	ENT RESTRICTION SELECT UP TO 3	DRIN	VER	ALCOH	IOL / DRUG SUSPI	ECTED	CONDITION	Α	LCOH	OL	TEST		DRUG	TEST(S)	
			DIST BY	TRACTED		HOL MARIJU R DRUG	JANA		STATUS	TYPE		VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4	
	JRIES	SEATING POSITION		AIR BA	G	OL CLA	ss	OL RESTRIC	TION(S	_		R DISTRA	CTION		EST ST/ NE GIVEN	TUS	
- SUSPECTED SERIOUS INJURY - SUSPECTED MINOR INJURY - SUSPECTED MINOR INJURY - POSSIBLE INJURY - NO APPARENT INJURY - NO APPARENT INJURY - NOT TRANSPORTED - FEMS - POLICE - OTHER / UNKNOWN SAFETY EQUIPMENT - NONE USED - SHOULDER BELT ONLY USED - LAP BELT ONLY USED - SHOULDER & LAP BELT - SUSPECTED WINDER - SHOULDER & LAP BELT -		8 - I HIKD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGEP IN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLA (OHIO = D) 5 - M/C MOPED 0 6 - NO VALID OL OL ENDORS H - HAZMAT M - MOTORCYCL P - PASSENGER N - TANKER Q - MOTOR SCOO R - THREE-WHEEI MOTORCYCLI S - SCHOOL BUS T - DOUBLE & TR TRAILERS X - TANKER / HAX	EMENT E OTER L E IPLE	1 - ALCOHOL INTER DEVICE 2 - CDL INTRASTATI 3 - CORRECTIVE LE 4 - FARM WAIVER 5 - EXCEPT CLASS A 8 CLASS B BUS 7 - EXCEPT TRACTO 8 - INTERMEDIATE L RESTRICTIONS 10 - LIMITED TO DA ONLY 11 - LIMITED TO DA ONLY 11 - LIMITED TO DA ONLY 11 - STANIED OTH 13 - MECHANICAL L (SPECIAL BRAKIL CONTROLS, OR ADAPTIVE DEVI 14 - MILITARY VEHI 15 - MOTOR VEHIC WITHOUT AIR E 16 - OUTSIDE MIRR 17 - PROSTHETIC AI 18 - OTHER	E ONLY NSES BUS R-TRAILEF LICENSE MIT PLOYMEN ER DEVICES SS, HAND OTHER CCES ORL BRAKES OR	3 - 4 - 5 - 6 - 7 - 1T 8 - 9 - 1 - 2 - 3 - [[4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIAI INC) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (G.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		DEVICE SS-FREE DEVICE -HELD DEVICE ITH AN E IN CLE N M MAL ENT	2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER DRUG TEST TYPE 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		OWN ST TYPE TYPE ESULT(S)		

OHIO DES	OHO DEPARTMENT OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER					
UNIT #								000220039027 Date of Birth					
1	MOE, KE			AGE 13	GENDER F								
	STREET, CIT						04/01/2009 13 CONTACT PHONE - INCLUDE AREA CODE						
2900 DE	ER HAVEI	N RD, FELICITY, OH, 45	120										
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	E EJECTION	TRAPPED						
5	BY 1					4	MC HELMET	3	1	1	1		
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER		
1	MOE, H	AILEY					06/24/2012 10						
<u>a</u>	STREET, CIT						CONTACT PHONE - INCLUIDE AREA CODE						
8		N RD, FELICITY, OH, 45° EMS AGENCY (NAME)	120	INJURED TAKEN TO: MEDICAL FACILITY (NA	IME CITY)	I	SEATING	AIR BAG USA	E FIECTION	TRAPPED			
5	TAKEN	EIVIS AGENCY (NAME)					DOT-COMPLIANT MC HELMET	POSITION		1			
UNIT #		ST, FIRST, MIDDLE				4		6 TE OF BIRTH	1	AGE	1 GENDER		
OIIII #	IVAIVIE. EA	31, 1 IK31, WIIDDEE							AGE	GENDER			
ADDRESS:	STREET, CIT	/, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE				
an S													
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQU			DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED		
	BY						MC HELMET						
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CIT	/, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
DO INVIDUE	Incurre	Irac a construction		INHIDED TAKEN TO MEDICAL EACHTY (MA	LAF CITA	SAFETY EQUIPMENT		SEATING	AIR BAG USA	E LIECTION	LTRADDED		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	AME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	POSITION	AIR BAG USA	SE EJECTION	IKAPPED		
		 	CAFFT						AID DAG	ICACE			
1 [AT		URIES	1 - NONE	Y EQUIPMENT USED	1 - FRON	SEATING POS IT - LEFT SIDE	ITION	1 NOT	AIR BAG	JSAGE			
	1 1741742			E OCCUPANT	1 - NOT DEPLOYED ER) 2 - DEPLOYED FRONT								
				DER BELT ONLY USED	3 - DEPLOYED SIDE								
4 - POS	4 - POSSIBLE INJURY			T ONLY USED	IT - RIGHT SIDE ND - LEFT SIDE		4 - DEPLO	OYED BOTH	1				
5 - NO	5 - NO APPARENT INJURY			DER & LAP BELT USED RESTRAINT SYSTEM -	NGER) FRONT/SIDE 5 - NOT APPLICABLE								
				RD FACING	E 9 - DEPLOYMENT UNKNOWN				N				
	T TRANSP			RESTRAINT SYSTEM -	7 - THIRE (MOT								
2 - EMS	THE THE THE SCENE			ACING ER SEAT	8 - THIRE	O - MIDDLE	1 - NOT EJECTED						
				USED) - Right Side Per Section O	F TRLICK CAR		ALLY EJEC				
9 - OTH	9 - OTHER / UNKNOWN 9 - PR			TIVE PADS USED		SENGER IN OTH							
	-		•	/S, KNEES, ETC)	CAR	4 - NOT A	APPLICABLE						
E EEN	O IND IN			CTIVE CLOTHING NG - PEDESTRIAN	12 - PAS	SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED							
	1 12147/122			CLE ONLY		GO AREA ILING UNIT		RAPPED					
	U - OTHER / UNKNOWN			R / UNKNOWN		NG ON VEHICLE	EXTERIOR	2 - EXTRI					
0 011	0 - OTTLIKY GINKINGWIN			(NON-TRAILING UNIT) 15 - NON-MOTORIST				MECHANICAL MEANS 3 - FREED BY					
						ER / UNKNOWN	l	NON-MECHANICAL ME			NS		
NAME: LA	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH			GENDER		
NESS													
ADDRESS:	: STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE				
	CT FIRST N	2015					DA	TE OF PIRTU	1	AGE	GENDER		
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GEI						
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
NAME: LA	NAME: LAST, FIRST, MIDDLE						DA	DATE OF BIRTH AGE GEI					
ADDRESS	: STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE				
>													