MRM 7-7-22

OHO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER *					
X PHOTOS TAKEN			. INFORMATION	100	40.86	22MPD1101							
SECONDARY CE	OH-1P	OTHER REPOR	TING AGENCY NAME *			NCIC *	HIT/SKIP 1 - SOLVED	NUMBER OF UN		N ERROR ANIMAL			
	PRIVATE PRO	PERTY Miller	sburg			03801	2 - UNSOLVED	2		UNKNOWN			
COUNTY* LOCAL	1 - CITY	ATION: CITY, VILLA	GE. TOWNSHIP*				CRASH DATE	/ TIME*	CRASH SEV	ERITY			
38 2	2 - VILLAGE 3 - TOWNSHIP	lersburg					07/06/2022	3 2 - SERIOL	JS INJURY				
ROUTE TYPE ROL	2	- SOUTH	TION ROAD NAME			ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPE 3 - MINOR				
ROUTE TYPE ROU	2 3	- EAST - WEST Clay	Street			ST	40.5520	010	SUSPE				
ROUTE TYPE ROL	TE NUMBER PREFIX 1	- NORTH REFER	ENCE ROAD NAME (ROAD, I	MILEPOST, HO	USE #)	ROAD TYPE	LONGITUDE DE	ECIMAL DEGREES	4 - INJURY				
REFERE	1 3	- SOUTH - EAST - WEST 194	South Clay Street				-81.917515 5 - PROPERTY D						
REFERENCE POIN			ROUTE TYPE		ROAD TYPE			INTERSECTION	RELATED				
1 - INTERSECT	ION 1 - NOF	RTH IR - INTER	INIE ROUTE (III)	- ALLEY		Y RD - ROAD	WITHIN INTER	RSECTION OR ON	APPROACH				
3 - MILE POST 3 - HOUSE #	2 - SOU 3 - EAS	T US - FEDE	AL LIS ROLITE	- AVENUE - BOULEVARD	LA - LANE MP - MILEPOS	SQ - SQUARE T ST - STREET	MITHIN INTE	RCHANGE AREA					
DISTANCE	4 - WES	SR - STATE		- CIRCLE	OV - OVAL	TE - TERRACE	WIIIIWIKI			APPROACHES			
FROM REFERENCE	UNIT OF MEASU	CR - NUM	DR	- COURT - DRIVE	PK - PARKWAY PI - PIKE	TL - TRAIL WA - WAY	_	ROADV	VAY				
	2 - FEE 3 - YAF			- HEIGHTS	PL - PLACE		ROADWAY D	IVIDED					
	ATION OF FIRST HARM		MAN	INER OF CRASI	H COLLISION/I	MPACT	DIRECTION OF TRAV	/EL	MEDIAN TYPE				
1 - ON RO		ROSSOVER DRIVEWAY/ALLEY		COLLISION 4	- REAR-TO-REA - BACKING	R	1 - NORTH		VIDED FLUSH ME	DIAN			
3 - IN MEI	DIAN 11 - F	RAILWAY GRADE	ROSSING TWO	MOTOR	- ANGLE		2 - SOUTH 3 - EAST		<4 FEET) DIVIDED FLUSH MEDIAN ≥4 FEET) DIVIDED, DEPRESSED MEDIAN DIVIDED, RAISED MEDIAN				
4 - ON RC 5 - ON GC		SHARED USE PATH RAILS	3 014	NSPORT 7	- SIDESWIPE, SA		4 - WEST						
	DE TRAFFIC WAY 13 - E		2 - REAI 3 - HEA	K-END	- SIDESWIPE, OI - OTHER / UNK	PPOSITE DIRECTION		4 - DI					
7 - ON RA 8 - OFF RA		foll Booth Other / Unknov		D-014 9	- OTHER / UNK	NOWIN			(ANY TYPE) - OTHER / UNKNOWN				
WORK ZONE RE	LATED	wo	RK ZONE TYPE	LOCATIO	N OF CRASH II	N WORK ZONE	CONTOUR	CONDITIO	NS	SURFACE			
WORKERS PRES		1 - LANE	CLOSURE	1-		ST WORK ZONE	11	11		2			
			SHIFT/ CROSSOVER	2 -	WARNING SIGN 2 - ADVANCE WARNING AREA 1 - STRAIGHT 1 - DRY 1 - C								
LAW ENFORCEN	MENT PRESENT	1 1 -	K ON SHOULDER EDIAN	3 - TRANSITION AREA LEVEL 2 - WET 4 - ACTIVITY AREA 2 - STRAIGHT 3 - SNOW						ACKTOP, UMINOUS,			
ACTIVE SCHOO	L ZONE		MITTENT OR MOVING WORK		ACTIVITY AREA		GRADE	4 - ICE	ASI	PHALT			
		5 - OTHE	R				3 - CURVE LEVEL 4 - CURVE GRADE	5 - SAND, MUD, OIL, GRAVEL	Diller,	ICK/BLOCK AG , GRAVEL,			
1 - DAYLIC	GHT CONDITION GHT		1 - CLEAR	WEATHER 6 - SNOW			9 - OTHER	NDING, ST	ONE				
1 1 2 - DAWN			2 2 - CLOUDY	7 - SEVERE CE	ROSSWINDS		/UNKNOWN	MOVING) 7 - SLUSH	9 - OT				
	 LIGHTED ROADWAY ROADWAY NOT LIGHT 	ED L	3 - FOG, SMOG, SMOKE 4 - RAIN		SAND, SOIL, D			9 - OTHER / UNI	(NOWN /L	INKNOWN			
1	- UNKNOWN ROADWAY		5 - SLEET, HAIL										
	/ UNKNOWN												
NARRATIVE			Slave store at Care the larger			1		ı					
The section of the se			Clay street Southbound ber two, who was Southb					1					
			est side of the roadway a	and struck			_ 	(
a utility pole. Th	e utility pole was no	ot damaged.					1 2 H NCV			1/4			
									Luthe				
									Parking				
							*						
						1/2	Nev						
					Utility								
					Pole	→							
								1					
							1						
						ا د.	। outh Clay Str	i eet					
						30	Jan. Olay 3ti						
CRASH REPORT	TED DATE / TIME	DISPA	TCH DATE / TIME	ARF	RIVAL DATE / T	IME	SCENE CLEARED DATE / TIME REPORT TO						
07/06/2	2022 12:46	07/	06/2022 12:46	07,	/06/2022 12	:51	07/06/202	2 13:28	X POLICE A				
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*		T	CHECKED BY OFFICE	R'S NAME*		МОТОВІ	ST			
ROADWAY CLOSED	INVESTIGATION TIME	MINUTES	Herman, Kim					MENT N or ADDITION					
32	30	72	officer's bad			CHECKED BY	Y OFFICER'S BADGE	NUMBER*		REPORT SENT TO			
			10										



1 FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER

-	Y - RESTRATOR - PROTESTORY						22MPD1101				
UNIT#	OWNER NAME: LAST, FIRST,	MIDDLE (IVER)	OWNER	PHONE:INCLUDE ARE	A CODE (SAME AS DRIVER)		DAMA	AGE		
1	COOPER, LANCE, R				330-231	-5966		DAMAGE	SCALE		
2	ADDRESS: STREET, CITY, STATE, Z						1 - NONE		3 - FUNCTIONAL DAMAGE		
71 S AL	EXANDER STREET, MII	LLERSBURG, O	H, 44654				3 2 - MINOR D		4 - DISABLING DAMAGE		
COMMER	CIAL CARRIER: NAME, ADDRES	S, CITY, STATE, ZIP		Cor	MMERCIAL CARRIER PHO	DNE: INCLUDE AREA CODE	9 - UNKNOWN				
							DAMAGED AREA(S) INDICATE ALL THAT APPLY				
	JNT2943		HICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE HONDA					
OH			9XFC1F72HE003674 INSURANCE POLICY #		2017 COLOR	VEHICLE MODEL	11 12		11 12		
VERIFIE	PROGRESSIVE		936150185		WHI	CIVIC	10 12		10		
	TYPE OF USE		US DOT #	TOW	ED BY: COMPANY NA	AME	10 2	2	101122		
СОММ	ercial Government	IN EMERGENCY RESPONSE	V	_			9 9 9	3	9 9 3		
DEVICE		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	\square	HAZARDOUS IATERIAL CLAS		7 7 7 5	74	5 HY 11 7.		
EQUIP		2	2 - 10.001 - 26K LBS. 3 - > 26K LBS.		ELEASED LACARD	TT I	, Telly	470	. 6		
	1 - PASSENGER CAR 6 - VA	N (9-15 SEATS)				PEDESTRIAN/SKATER	6	11 12	5		
⊢ 1	1	OTORCYCLE 2-WHEELE	D 14 SINGLELINIT			WHEELCHAIR (ANY TYPE)	10 /		1 2		
UNIT TYP	3 - SPORT UTILITY 9 - AL	JTOCYCLE	TRUCK 20 - C	THER VEH		OTHER NON-MOTORIST BICYCLE	<i>(</i> -	10	2		
	VEHICLE 10 - N	IOPED OR MOTORIZEI ICYCLE	16 - EARM FOURMENT 22 - A	NIMAL WI	ITH RIDER OR 27 - 1	FRAIN	9		₩ 1		
	5 - CARGO VAN 11 - A	LL TERRAIN VEHICLE	17 - MOTORHOME	NIMAL-DF	RAWN VEHICLE 99 - I	JNKNOWN OR HIT/SKIP	8	/7E	5 /4		
<u> </u>	# of TRAILING UNITS	ruiV)					12	7 8	5 12		
	WAS VEHICLE OPERATING IN A		0 - NO AUTOMATION 3	- CONDITI	ONAL AUTOMATION	9 - UNKNOWN	1 2	6	11 12		
	MODE WHEN CRASH OCCURRE	D? C) .		TOMATION	3 - 011(101111	10 11 1	2	10 11 1 2		
2_	1 - YES 2 - NO 9 - OTHER / L		OMOUS 2 - PARTIAL AUTOMATION 5	- FULL AU	TOMATION		9 10 2 -	3	10 2		
	1 - NONE	6 - BUS - CHARTER		16 - FA	PM	21 - MAIL CARRIER	8 4 -	7			
. 1	2 - TAXI	7 - BUS - INTERCITY			OWING	99 - OTHER / UNKNOWN	8 7 5	4	8 7 5 14		
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE 9 - BUS - OTHER	13 - POLICE		NOW REMOVAL		7 5		7 6		
FUNCTIO	N 4 - SCHOOL TRANSPORT	10 - AMBULANCE	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP		OWING AFETY SERVICE		•		0		
	5 - BUS - TRANSIT/COMMUTER			PA	TROL			12	12 12		
⊥ 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING 5 - INTERMODAL	7 - GRAIN/CHIPS/GRAVEL 8 - POLE	11 - DI		99 - OTHER / UNKNOWN	12	4			
CARGO		CONTAINER CHA			ONCRETE MIXER UTO TRANSPORTER		of A.	. 10:	9 7 3 9 🗱 3		
BODY TYPE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	X 10 - FLAT BED	14 - G	ARBAGE/REFUSE		02	4			
ř	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MO	TOR TROUBLE	99 - OTHER / UNKNOWN	6		ĕ ĕ		
VEHICLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE		SABLED FROM PRIOR			6	6 6		
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	Α.	CIDENT		☐- NO DAMA	GE [0]	- UNDERCARRIAGE [14]		
	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE	10 - DF	RIVEWAY ACCESS	99 - OTHER / UNKNOWN	_	[-]	_		
NON-	MARKED CROSSWALK 2 - INTERSECTION -	MARKED CROSS 5 - TRAVEL LANE -	8 - SIDEWALK		HARED USE PATHS R TRAILS		☐- TOP [13]		- ALL AREAS [15]		
MOTORIST	INMARKED CROSSWALK 3 - INTERSECTION - OTHER	OTHER LOCATION 6 - BICYCLE LANE	ON 9 - MEDIAN/CROSSING ISLAND	12 - FII	RST RESPONDER INCIDENT SCENE			- UNIT NO	T AT SCENE [16]		
271	1 - NON-CONTACT	1 - STRAIGHT AHEA	D 9 - LEAVING TRAFFIC			21 - STANDING OUTSIDE	INIT	AL POINT	OF CONTACT		
_	2 - NON-COLLISION	2 - BACKING . 3 - CHANGING LAN	LANE IES 10 - PARKED		GGING, PLAYING ORKING	DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DA		14 - UNDERCARRIAGE		
3	3 - STRIKING 6	4 - OVERTAKING/PA	ASSING 11 - SLOWING OR STOPPED	17 - PL	JSHING VEHICLE	33 - OTHER / GINNIOWIN	1 1 1-12 - REF	ER TO UNIT	15 - VEHICLE NOT AT SCENE		
ACTION	4 - STRUCK ACTIONS	5 - MAKING RIGHT 6 - MAKING LEFT TL			PPROACHING OR AVING VEHICLE		DIA	GRAM	99 - UNKNOWN		
	5 - BOTH STRIKING & STRUCK	7 - MAKING U-TURN			ANDING		13 - TOP				
	9 - OTHER / UNKNOWN	8 - ENTERING TRAF LANE	FFIC 14 - ENTERING OR CROSSING SPECIFIED LOCATION	3 20-0	THER NON-MOTORIST	•		TRAF	FIC		
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TO	O CLOSE 13 - IMPROPER START FROM A PARKED POSITION		ERATING DEFECTIVE	23 - OPENING DOOR INTO ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL		
	3 - RAN RED LIGHT	9 - IMPROPER LANE	14 - STOPPED OR PARKED	19 - LO	AD SHIFTING	99 - OTHER IMPROPER	1 - ONE-WAY 2 - TWO-WAY		1 - ROUNDABOUT 4 - STOP SIGN		
2	4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PAS	ILLEGALLY SSING 15 - SWERVING TO AVOID		ALLING/SPILLING PROPER CROSSING	ACTION	2	1 h	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
CONTRIBUT	ING 6 - IMPROPER TURN NCES 7 - LEFT OF CENTER	11 - DROVE OFF RO	DAD 16 - WRONG WAY	21 - LYI	ING IN ROADWAY		# or Tupougu				
	/ - LEFT OF CENTER	12 - IIVIPROPER BAC	CKING 17 - VISION OBSTRUCTION	22 - NC	OT DISCERNIBLE		# of THROUGH LANES ON ROAD		RAIL GRADE CROSSING - NOT INVLOVED		
SEQUENC	CE OF EVENTS		ELIENTE				. 2 .		2 - INVOLVED-ACTIVE CROSSING		
₁ 20	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF U				3 - STRUCK BY FALLING,		3	3 - INVOLVED-PASSIVE CROSSING		
	2 - FIRE/EXPLOSION 3 - IMMERSION	8 - RAN OFF ROAD R 9 - RAN OFF ROAD LI			OTOR VEHICLE IN ANSPORT	SHIFTING CARGO OR ANYTHING SET IN	UNIT /	юм-мото	RIST DIRECTION		
2	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PA	RKED MOTOR	MOTION BY A MOTOR VEHICLE			- NORTH 5 - NORTHEAST		
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLI OPPOSITE DIREC		22 - W	ORK ZONE	4 - OTHER MOVABLE OBJECT	_	2	- SOUTH 6 - NORTHWEST - EAST 7 - SOUTHEAST		
3	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER		AINTENANCE UIPMENT		FROM 3 TO	8 4	- WEST 8 - SOUTHWEST		
	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	OLLISION WITH FIXED OBJECT -	STRUCK		2 - BUILDING			9 - OTHER / UNKNOWN		
4	/ CRASH CUSHION	32 - PORTABLE BARR	RIER 39 - LIGHT / LUMINARIES	46 - FEI	NCE 5	3 - TUNNEL	UNIT SPEED		DETECTED SPEED		
e l	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE I 34 - MEDIAN GUARD	PRAIL 40 - UTILITY POLE	47 - MA 48 - TR	EE	4 - OTHER FIXED OBJECT					
٠. ــــــــــــــــــــــــــــــــــــ	27 - BRIDGE PIER OR ABUTMENT	BARRIER 35 - MEDIAN CONCR	41 - OTHER POST, POLE OR SUPPORT	50 - W	ORK ZONE	9 - OTHER / UNKNOWN	5		1 - STATED / ESTIMATED SPEED		
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 36 - MEDIAN OTHER	42 - CULVERT		AINTENANCE UIPMENT		POSTED SPEED	— 1	2 - CALCULATED / EDR		
	30 - GUARDRAIL FACE	37 - TRAFFIC SIGN PO		51 - W			POZ JED SPEED	1			

3 - UNDETERMINED

25



27 - BRIDGE PIER OR ABUTMENT

28 - BRIDGE PARAPET

- GUARDRAIL FACE

FIRST HARMFUL EVENT

29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

37 - TRAFFIC SIGN POST

36 - MEDIAN OTHER BARRIER 43 - CURE

BARRIER

OR SUPPORT

42 - CULVERT

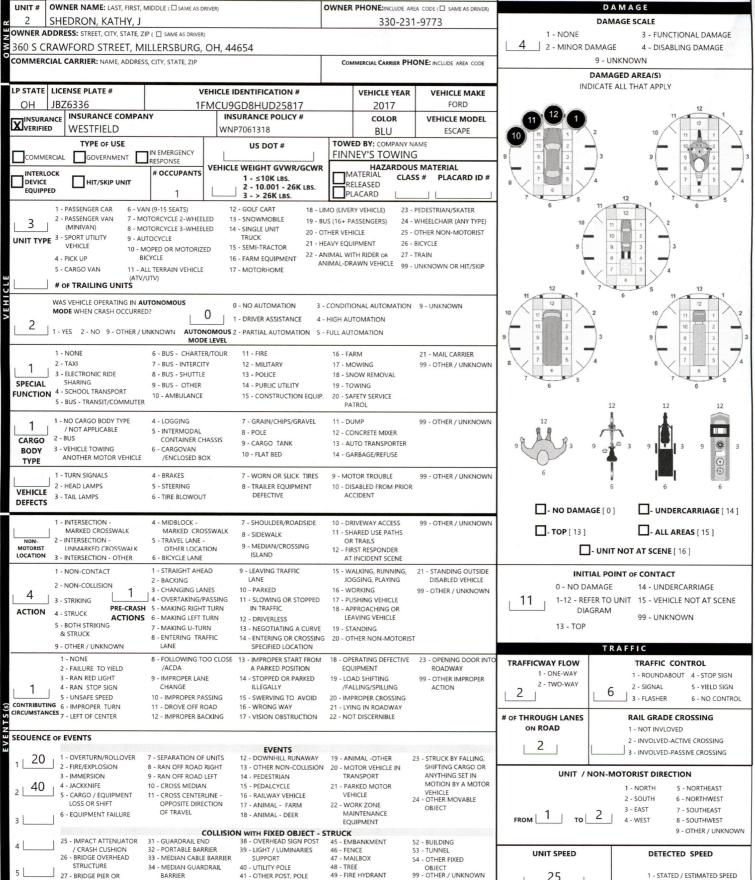
MOST HARMFUL EVENT

LOCAL REPORT NUMBER

22MPD1101

D	A	М	A	G	Ε	

	1 - NONE	3 - FUNCTIONAL DAMAGE
	4 2 - MINOR D	AMAGE 4 - DISABLING DAMAGE
ODE		9 - UNKNOWN
		DAMAGED AREA(S)
KE	INI	DICATE ALL THAT APPLY
DEL .	11 12 1	11 12 1 1 1 2
ID#	9 9 8 4 7 6 5	3 9 9 2 3 3 4 7 6 5 5 4
YPE) RIST	9 8	12 1 1 2 3 3 9 4 4 7 5 5 12
NOWN	10 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 9 10 11 12 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1
IOWN	6 12 9	9 9 3 9 3 3
NOWN	6	6 6
	∐- NO DAMA	GE[0] L- UNDERCARRIAGE[14]
10MN	☐- TOP [13]	☐- ALL AREAS [15]
		- UNIT NOT AT SCENE [16]
	_	- UNIT NOT AT SCENE [16]
TSIDE CLE	INIT	IAL POINT OF CONTACT
OWN	0 - NO DA	AMAGE 14 - UNDERCARRIAGE
		FER TO UNIT 15 - VEHICLE NOT AT SCENE
		GRAM 99 - UNKNOWN
	13 - TOP	
		TRAFFIC
R INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL
PER	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
	1 2 1 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN
		3 - FLASHER 6 - NO CONTROL
	# of THROUGH LANES	RAIL GRADE CROSSING
	ON ROAD	1 - NOT INVLOVED
.00200000	, 2 ,	2 - INVOLVED-ACTIVE CROSSING
NG,		3 - INVOLVED-PASSIVE CROSSING
OR	UNIT / I	NON-MOTORIST DIRECTION
OTOR	51411 71	1 - NORTH 5 - NORTHEAST
E		2 - SOUTH 6 - NORTHWEST
	_{FROM} 1 то	2 3 - EAST 7 - SOUTHEAST
	FRUM TO	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
		5 5, 5
	UNIT SPEED	DETECTED SPEED
WN	. 25	1 - STATED / ESTIMATED SPEED
	25	TOTALED / ESTIMATED SPEED



49 - FIRE HYDRANT 50 - WORK ZONE

EQUIPMENT

51 - WALL

MAINTENANCE

2 - CALCULATED / EDR

3 - UNDETERMINED

POSTED SPEED

25

OND DEPARTMENT MOTORIST / NON-MOTORIST									LOCAL REPORT NUMBER 22MPD1101								
UNIT #	NAME: LAST, FIRST, MIDDLE									+-		DATE OF BIRTH		T	AGE	GENDER	
. 1	RABER,	KIMB	ERLY. D									12/05/1991			30	1	
ADDRESS	: STREET, CIT									12/05/1991 30 F CONTACT PHONE - INCLUDE AREA CODE							
71 S AL	EXANDER	XANDER STREET, MILLERSBURG, OH, 44654									330-231-5966						
INJURIES	INJURED TAKEN		AGENCY (NAME)		INJURED	TAKEN TO: N	MEDICAL FACILITY (NAME,	СІТҮ)	SAFETY EQUIPMEN	T	Т-Сомры	SEATING	AIR B	AG USAG	E EJECTION	TRAPPED	
9 3	BY 1	NOLIVIES FIRE # I							4		HELMET			1	1	1	
OL STATE	OPERATOR	LICEN	ISE NUMBER		OFFEN	SE CHARG	ED	LOCAL	OFFENSE DESC	RIPTION			CITA	TION N	UMBER		
OH ON STATE	TL12027	9			331.2	.2		CODE	RIGHT OF W	AY ON	PUBLIC	HIGHWAY	180	091FJ			
OL CLASS	ENDORSEN	ENT	RESTRICTION SELECT UP TO 3		DRIVER	_	IOL / DRUG SUSPE	CTED	CONDITION	Α	LCOHO	L TEST		DRUG TEST(S)			
4			3	I I	DISTRACTEI BY 1			JANA	1	STATUS	TYPE	VALUE	STATUS	TYPE RESULTS SELECT UP TO 4			
UNIT #	NAME: LA	ST EID				OTHE	R DRUG			1 1	1		1	1			
												DATE OF BIRTH			AGE	GENDER	
2 ADDRESS	SHEDRO									 		08/30/1955		\perp	66	F	
<u> </u>			EET, MILLERSBURG, OF	H. 446	654						231-97	ONE - INCLUDE A	AREA COD	ž			
INJURIES	INJURED		AGENCY (NAME)			TAKEN TO: N	MEDICAL FACILITY (NAME, O	CITY)	SAFETY EQUIPMEN	r		SEATING	AIR B	AG USAGE	EJECTION	TRAPPED	
NON 3	TAKEN BY 1	HOLI	ES FIRE #1						USED 4		T-COMPLIA						
OL STATE		LICEN	ISE NUMBER		OFFEN	SE CHARG	ED	LOCAL	OFFENSE DESCI	RIPTION			CITA	1 TION N		1	
OH OH	RK41613	5						CODE						non n	OWIDER		
OL CLASS	ENDORSEM		RESTRICTION SELECT UP TO 3		DRIVER	ALCOH	IOL / DRUG SUSPE	CTED	CONDITION	А	LCOHO	L TEST		DRUG	G TEST(S)	
			NESTRICTION SELECTION TO S	ı	DISTRACTE				CONDITION	STATUS	TYPE	VALUE	STATUS	TYPE		SELECT UP TO 4	
4				,	BY 1	OTHE	R DRUG		1	1	1		1	1			
UNIT #	NAME: LA	ST, FIR	ST, MIDDLE								ı	OATE OF BIRTH			AGE	GENDER	
ADDRESS	STREET, CITY	, STAT	E, ZIP							CONT	ACT DUC	ONE - INCLUDE	AREA COD				
TORIS										Cont	ACTITIO	THE - INCLUDE !	AKEA COD				
INJURIES OL STATE	INJURED TAKEN BY EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED				DOT-COMPLIANT POSITION AIR B			BAG USAGE EJECTION TRAPPED					
OL STATE	OPERATOR	LICEN	ISE NUMBER		OFFENSE CHARGED LOCAL CODE				RIPTION CITATION NUMBER				UMBER				
OL CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3	ľ	DRIVER DISTRACTED BY				CONDITION	STATUS	TYPE	VALUE .	STATUS	TYPE	RESULTS	SELECT UP TO 4	
INJ	URIES		SEATING POSITION		AIR BA	G	OL CLAS	ss	OL RESTRIC	TION(S) DRI	VER DISTRA	CTION	T	EST STA	TUS	
1 - NOT TRAI /TREATED 2 - EMS 3 - POLICE 9 - OTHER / U SAFETY E 1 - NONE USE 2 - SHOULDER USED 3 - LAP BELT O 4 - SHOULDER USED 5 - CHILD RES' - FORWARI 6 - CHILD RES' - REAR FAC 7 - BOOSTER \$ 8 - HELMET US 9 - PROTECTIV	MINOR NJURY ENT INJURY STAKEN B SSPORTED AT SCENE JINKNOWN QUIPMEN D BELT ONLY NLY USED & LAP BELT FRAINT SYSTEM ING EAT EAT EED E PADS USED KNEES, ETC) **CECLOTHING - PEDESTRIAN	2 2 3 4 4 5 6 7 7 7 Y 8 9 10 11 11 11 11 11 11 11 11 11 11 11 11	BUS, PICK-UP WITH CAP)	2 - DEF 3 - DEF 4 - DEF FRC 5 - NO 9 - DEF 1 - NO 2 - PAF 3 - TO 4 - NO 1 - NO 2 - EXT MEG 3 - FRE 3 - FRE	INT DEPLOYED FROM PLOYED FROM PLOYED SIDE PLOYED BOTH DONT/SIDE INT APPLICABLIF PLOYMENT UIT EJECTED THE FIRM FROM PLOYMENT UIT EJECTE IT APPLICABLIF TRAPPED INT TRAPPED INT TRAPPED INT CHANICAL MISED BY N-MECHANICAL MIS	N ED D	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLAS (OHIO = D) 5 - M/C MOPED C 6 - NO VALID OL OL ENDORSE H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOC R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRI TRAILERS X - TANKER / HAZ GENDE F - FEMALE M - MALE U - OTHER / UNKN	EMENT E DTER E PLE EMAT R	1 - ALCOHOL INTE DEVICE 2 - CDL INTRASTA 3 - CORRECTIVE LE 4 - FARM WAIVER 5 - EXCEPT CLASS 6 - EXCEPT CLASS 8 - CLASS B BUS 7 - EXCEPT TRACT 8 - INTERMEDIATE RESTRICTIONS 10 - LIMITED TO D ONLY 11 - LIMITED TO D 11 - LIMITED TO D 11 - LIMITED TO D 12 - LIMITED TO D 13 - MECHANICAL (SPECIAL BRAI CONTROLS, O ADAPTIVE DE 14 - MILITARY VE 15 - MOTOR VEHIL WITHOUT AIR 16 - OUTSIDE MIR 17 - PROSTHETIC 18 - OTHER	TE ONLY NSES A BUS A A C C C C C C C C C C C C C C C C C	2 - M ELI (TT (TT (TC (TT (TC (TT (TC (TT (TC (TC	OT DISTRACTED ANUALLY OPERA ECTRONIC DMMUNICATION EXTING, TYPING, AI INIC) MIMUNICATION THER ACTIVITY W ECTRONIC DEVIC ASSENGER THER DISTRACTIC THER DISTRACTIC THER DISTRACTIC THER DISTRACTIC THER OISTRACTIC THER OISTRACT	DEVICE DS-FREE DEVICE D-HELD DEVICE //TH AN E DN E	2 - TESS 3 - TESS CONN / UN 4 - TESS RESSI 5 - TESS RESSI 1 - NON 2 - BLO 3 - URII 4 - BRE 5 - OTH DRUC 1 - AMP 2 - BARR 3 - BEN 3 - BEN 4 - CAN 5 - COCC 6 - OPIA 7 - OTH	NUSABLE T GIVEN, ULTS KNOW T GIVEN, ULTS UNKN DHOLTE NE OD NE ATH HER OD NE HER STEST R BHITURATES CODIAZEPII NABINOIO: AINE LITES / OPIO	ESULT(S) S NES S IDS	

OHIO DES	PARTMENT O	CCUPANT /	LOCAL REPORT NUMBER 22MPD1101									
UNIT #	NAME: LAS	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
1	RABER, J	AMES, L					08.	/05/2011		10	М	
	STREET, CITY	, STATE, ZIP					CONTACT PHONI	E - INCLUDE ARE	A CODE			
71 S ALE	EXANDER	STREET, MILLERSBUR	G, OH, 44654									
INJURIES	INJURED TAKEN	EMS AGENCY (NAME) HOLMES FIRE #1		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	E EJECTIOI	TRAPPED	
3	вч 1	THOUNESTINE # 1				4	MC HELMET	6	1	1	1	
UNIT #	NAME: LAS	ST, FIRST, MIDDLE					DA	AGE	GENDER			
1	RABER, 0	GABRIEL, M					01/23/2018 4					
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE		×	
71 S ALE	EXANDER	STREET, MILLERSBUR	G, OH, 44654									
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTIO	TRAPPED	
5	BY 1			5			Ш мс не∟мет	4	1	1	1	
UNIT #	NAME: LAS	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
2	SHEDRO	N, MICHAEL, L					04	/01/1960		62	М	
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			
360 S CF	RAWFORD	STREET, MILLERSBUR	RG, OH, 44654	*			330-231-9773					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME) HOLMES FIRE #1		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTIOI	TRAPPED	
3	ву 1	HOLIVIES FIRE # I				4	MC HELMET	3	1	1	1	
UNIT #	NAME: LAS	ME: LAST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	IL FACILITY (NAME, CITY)		DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTIOI	N TRAPPED	
	BY		lana di				☐MC HELMET					
	INJ	URIES		Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG	JSAGE		
1 - FAT	AL		1 - NONE I			IT - LEFT SIDE FORCYCLE DRIVE	:D\	1 - NOT [DEPLOYED			
		ERIOUS INJURY		E OCCUPANT DER BELT ONLY USED		IT - MIDDLE	2 - DEPLOYED FRONT					
		IINOR INJURY		T ONLY USED		IT - RIGHT SIDE			OYED SIDE			
	SIBLE INJU		4 - SHOULD	DER & LAP BELT USED		ND - LEFT SIDE ORCYCLE PASSE	NGER)	DYED BOTH T/SIDE				
5				ESTRAINT SYSTEM -		ND - MIDDLE	5 - NOT APPLICABLE					
1 NO		TAKEN BY		ARD FACING 6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN				'N	
	T TRANSPO		REAR FA	(MOTOPOVOLE CIDE (CAR) EJECTION					
2 - EMS		CLITE	7 - BOOSTE	FR SEAT 8 - THIRD - MIDDLE			1 - NOT EJECTED					
3 - POL	.ICE		8 - HELMET	T USED 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION O			F TRUCK CAB	2 - PARTI	ALLY EJECT	ED		
9 - OTH	HER / UNK	NOWN	9 - PROTEC	TIVE PADS USED		SENGER IN OTH	HER ENCLOSED 3 - TOTALLY EJECTED			5		
				S, KNEES, ETC)		TRAILING UNIT 4 - NOT APPLICABLE UP WITH CAP)						
F - FEM		NDER		NG - PEDESTRIAN	12 - PASSENGER IN UNE							
				LE ONLY		1 - NOT 1	TRAPPED					
M - MA		alouni	99 - OTHER	/ UNKNOWN		ILING UNIT NG ON VEHICLE	EXTERIOR		CATED BY			
0-011	HER / UNK	NOWN				I-TRAILING UNIT)			ANICAL M	EANS		
						N-MOTORIST IER / UNKNOWN	ı	3 - FREED NON-	MECHANIC	AL MFA	NS	
NAME	ST, FIRST, MII	DDI E			0.11			TE OF BIRTH	T	AGE	GENDER	
NAME: LA	1, FIR51, MIL	DULE					l DA	IE OF BIKIN		AGE	GENDER	
ADDRESS:	: STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			
>												
NAME: LA	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE G					
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
NAME: LA	ST, FIRST, MII	DDLE					DATE OF BIRTH AG			AGE	GENDER	
ADDRESS:	: STREET, CITY	/, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE			