- Compression								1	IL	1 9/23/2	
OF PUBLIC BATT	T KAFFIC V	CRASH R	LINEORMATION	ENOTES MANDATORY	FIELD FOR SUPPLEM	MENT REPORT		LOCAL REPOR		• • • • • •	
X PHOTOS TAKEN			24M	IPD1396		NCIC*	HIT/SKIP	UNIT IN ERROR			
SECONDARY CR	ASH OH-1P L	70,	rsburg -			03801	1 - SOLVED 2 - UNSOLVED	NUMBER OF U	1 1	98 - ANIMAL 99 - UNKNOWN	
COUNTY* LOCAL	ITY* LO	CATION: CITY, VILL	AGE, TOWNSHIP*				CRASH DATE /	TIME*	-	SH SEVERITY	
38 2	3 3001465	illersburg					09/19/2024	15:27	. 5 .	FATAL SERIOUS INJURY	
ROUTE TYPE ROU	TE NUMBER PREFIX		TION ROAD NAME			ROAD TYPE	LATITUDE DEC		2-	SUSPECTED	
LOCATI		2 - SOUTH 3 - EAST 4 - WEST MC	ONROE			ST	40.5528	3 - MINOR INITIRY			
ROUTE TYPE ROU			RENCE ROAD NAME (RO	AD, MILEPOST, HOL	USE #)	ROAD TYPE	LONGITUDE DE	TMAL DEGREES	4 -	INJURY POSSIBLE	
EFEREN		2 - SOUTH	AMS			ST	-81.9162	·	5 -	PROPERTY DAMAGE	
REFERENCE POIN			ROUTE TYPE	1. ^m	ROAD TYPE	-		INTERSECTION	ON RELATE		
1 - INTERSECT	ION FROM REFEREN		RSTATE ROUTE (TP)	AL - ALLEY		RD - ROAD	WITHIN INTER	SECTION OR O	N APPROAC	н	
2 - MILE POST 3 - HOUSE #	2 - SO 3 - EA	ST US - FEDE	RAL US ROUTE	AV - AVENUE BL - BOULEVARD	MP - MILEPOST	SQ - SQUARE ST - STREET	WITHIN INTER	CHANCE AREA		4	
DISTANCE FROM REFERENCE	DISTANC Unit OF MEAS	SR - SIAT	EROUTE	CR - CIRCLE	OV - OVAL	TE - TERRACE	MINIM DATER		110.00	BER of APPROACHES	
FROM REFERENCE	UNIT OF MEAS	ILES CH TOU	BERED COUNTY ROUTE	1.	PK - PARKWAY PI - PIKE	TL - TRAIL WA - WAY		ROAL	WAY		
L.,			IBERED TOWNSHIP	HE - HEIGHTS	PL - PLACE		ROADWAY D	VIDED			
	ATION OF FIRST HAR	MFUL EVENT		MANNER OF CRASH		PACT	DIRECTION OF TRAV	EL	MEDIA	N TYPE	
1 - ON RO		CROSSOVER • DRIVEWAY/ALLEY	1 6	NOT COLLISION 4	- REAR-TO-REAR - BACKING		1 - NORTH			USH MEDIAN	
3 - IN MED	DIAN 11 -	RAILWAY GRADE	CROSSING	TWO MOTOR 6	- BACKING - ANGLE		2 - SOUTH	1	(<4 FEET) DIVIDED FLI	USH MEDIAN	
4 - ON RO 5 - ON GO		- SHARED USE PAT TRAILS		INMINISTORI	- SIDESWIPE, SAME		4 - WEST		1 24 FEET 1	EPRESSED MEDIAN	
	DE TRAFFIC WAY 13 -		_	- KEAK-EIVD	- SIDESWIPE, OPPO				•	AISED MEDIAN	
7 - ON RA 8 - OFF RA		· TOLL BOOTH · OTHER / UNKNO		HEAD-ON 9	- OTHER / UNKNO	OWN			(ANY TYPE) OTHER/UN	KNOWN	
WORK ZONE RE	LATED	w	ORK ZONE TYPE	LOCATIO	N OF CRASH IN V	WORK ZONE	CONTOUR	CONDIT		SURFACE	
WORKERS PRES			E CLOSURE	1	BEFORE THE 1ST		11,	₁ 1		121	
_		2 - LAN	E SHIFT/ CROSSOVER		WARNING SIGN ADVANCE WARN	IING AREA	1 - STRAIGHT	1 - DRY		1 - CONCRETE	
LAW ENFORCEM	MENT PRESENT		RK ON SHOULDER MEDIAN		TRANSITION ARE		· LEVEL	2 - WET		2 - BLACKTOP,	
ACTIVE SCHOOL ZONE 4 - INTERMITTENT OR MOVING WORK					ACTIVITY AREA	DCA	2 - STRAIGHT GRADE	3 - SNOW 4 - ICE		BITUMINOUS, ASPHALT	
		5 - OTH	ER		TERMINATION AS	nca	3 - CURVE LEVEL	5 - SAND, MU OIL, GRAV		3 - BRICK/BLOCK 4 - SLAG , GRAVEL	
LIA 1 - DAYLIG	GHT CONDITION		1 - CLEAR	WEATHER			4 - CURVE GRADE 9 - OTHER	6 - WATER (ST		STONE	
1 2 - DAWN	/DUSK	•	1 2-CLOUDY	6 - SNOW 7 - SEVERE CI	ROSSWINDS		JUNKNOWN	MOVING) 7 - SLUSH		S - DIRT 9 - OTHER	
	- Lighted ['] , roadway - Roadway Not Ligf	-men		MOKE 8 - BLOWING			1	9 - OTHER/U	INKNOWN	/ UNKNOWN	
	-UNKNOWN ROADW		4 - RAIN 5 - SLEET, HAIL	9 - PREEZING	RAIN OR FREEZIN UNKNOWN	IG DRIZZLE	†				
	I / UNKNOWN						<u> </u>				
NARRATIVE		a.)	
southbound on	thbound on S Moi S Monroe St. Unit	nroe St approa : 01 went to ma	ching E Adams St. Un ike a right turn, but re	ait 01 was Palized that							
			resulting in striking l				1	1		$\setminus \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
	,									•	
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			١		E Ada	ımıs St	╡〉	8			
	ı					<u>:</u>	<u>-V.</u>				
	•							Jnit 2			
			•				တ	1			
	i						%	ļ			
							Monroe				
							8	'			
							I	I			
CRASH REPOR	TED DATE / TIME	DISP	ATCH DATE / TIME	ARF	RIVAL DATE / TIM	1E	SCENE CLEARED I	DATE / TIME		REPORT TAKEN BY	
09/19/2	2024 15:28	09,	/19/2024 15:31	09,	/19/2024 15:4	.0	09/19/202	4 16:25	X	PÓLICE AGENCY	
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*		C+	IECKED BY OFFICE		-	—[<u>D</u>	MOTORIST	
IOADWAY CLOSED	INVESTIGATION TIM	MINUTES	Genet, Stephanie			hack 14	phos			UPPLEMENT	
0	30	84	OFFICER'S		CHECKED BY OFFICER'S BADGE NUMBER* (CORFIDAN OPF)				DRRECTION OR ADDITION AN EXISTING REPORT SENT TO PS)		

(Unit
	UNIT #	OWNER NA	ME: LAST, FIRE

LOCAL REPORT NUMBER

24MPD1396

								24MFD 1330			
UNIT# 0	WNER NAME: LAST, FIRST, I	MIDDLE (DSAME AS DRIVER)		OWNER	PHONE:NOUDE A	REA CODE (SAME AS DRIVER)		DAMAGE			
	<mark>VENGERD MILLER, E</mark> I				864-49	7-7030	DAMAGE SCALE				
3	DRESS: STREET, CITY, STATE, Z		- · · - ·				1 - NONE	3 - FUNCTIONAL DAMAGE			
8897 BAR	IRS MILLS RD NW, S	UGARCREEK, OH	, 44681				2 2 - MINOR DA	MAGE 4 - DISABLING DAMAGE			
COMMERCIA	AL CARRIER: NAME, ADDRES	S, CITY, STATE, ZIP		CON	IMERCIAL CARRIER P	IONE: INCLUDE AREA CODE		9 - UNKNOWN			
							D	AMAGED AREA(S)			
LP STATE L	ICENSE PLATE #	VEHIC	LE IDENTIFICATION #	VEHICLE YEAR VEHICLE MAKE			INDI	CATE ALL THAT APPLY			
	KET2892		SS3BL1DDB01854		2013	FORD					
	1		INSURANCE POLICY #		COLOR	VEHICLE MODEL	11 12	11 12			
INSURANI VERIFIED	PROGRESSIVE		978615803		BLU	E-350		$\frac{1}{2}$			
	TYPE OF USE		US DOT#	TOW	ED BY: COMPANY						
COMMERC		IN EMERGENCY	1 03 001 #	·							
	<u> </u>	JRESPONSE VEI	HICLE WEIGHT GVWR/GCWR		HAZARDO	JS MATERIAL					
DEVICE	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS.		IATERIAL CLA ELEASED	SS# PLACARD ID#					
EQUIPPED	, –	6 L	2 - 10,001 - 26K LBS. 3 - > 26K LBS.		LACARD L						
	1 - PASSENGER CAR 6 - VA	N (9-15 SEATS)		MO (LIVE	RY VEHICLE) 23	- PEDESTRIAN/SKATER	, 4	11			
	2 - PASSENGER VAN 7 - MC	OTORCYCLE 2-WHEELED				- WHEELCHAIR (ANY TYPE)	10 /	$\left\langle \left \frac{12}{12} \right \right\rangle$,			
	(MINIVAN) 8 - MO	OTORCYCLE 3-WHEELED	14 - SINGLE UNIT 20 - O TRUCK	THER VEH	IICLE 25	- OTHER NON-MOTORIST	"/_				
UNIT TYPE	MELLICIE	JTOCYCLE JOPED OR MOTORIZED	15 - SEMI-TRACTOR 21 - H	EAVY EQL	IIPMENT 26	- BICYCLE	9	9 2 3			
		CYCLE	16 - FARM FOLIPMENT 22 - A		*****	- TRAIN	<u> </u>				
		LL TERRAIN VEHICLE	17 - MOTORHOME	NIMAL-DA	RAWN VEHICLE 99	- UNKNOWN OR HIT/SKIP	8				
	# of TRAILING UNITS	((TV)					40				
	MAS VEHICLE COPPAZING THE THE	UZONOMOUS						B 11 12			
	WAS VEHICLE OPERATING IN AL MODE WHEN CRASH OCCURRE		0 - NO AUTOMATION 3 -	CONDITI	ONAL AUTOMATION	9 - UNKNOWN		10 / 12			
. 2 .					NOITAMOT						
الئا∣	1-YES 2-NO 9-OTHER/U	INKNOWN AUTONOMO	OUS 2 - PARTIAL AUTOMATION 5	FULL AU	TOMATION			Ŋ ৢ			
	1 - NONE	MODE LEV						/ 一			
	2 - TAXI	6 - 8US - CHARTER/TO 7 - 8US - INTERCITY	UR 11 - FIRE 12 - MILITARY	16 - FA	IRM OWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN		· , , , , , , , , , , , , , , , , , , ,			
	3 - ELECTRONIC RIDE	8 - BUS - SHUTTLE	13 - POLICE		NOW REMOVAL	33 * OTHER / DINKNOWN					
SPECIAL	SHARING 4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TC	OWING		, 0	6 5			
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.		VETY SERVICE						
					TROL			12 12 12			
1 1 1	1 - NO CARGO BODY TYPE /NOT APPLICABLE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DI		99 - OTHER / UNKNOWN	12				
	2 - BUS	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE 5		ONCRETE MIXER		, M ,				
	3 - VEHICLE TOWING	6 - CARGOVAN	9 - CARGO TANK 10 - FLAT BED		UTO TRANSPORTER ARBAGE/REFUSE		؛ دارک کاه ا	。 🏂 3 9 🔼 3 9 🏙 3			
TYPE	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX	10-FOXT 0ED	14 • 63	AKBAGE/KEFUSE		\frac{1}{2}	♣ ■ •			
, ,	1 - TURN SIGNALS 4	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MO	TOR TROUBLE	99 - OTHER / UNKNOWN	6	1 			
1/EU1/1E	2 - HEAD LAMPS	S - STEERING	8 - TRAILER EQUIPMENT		SABLED FROM PRIO	R I		6 6 6			
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	AC	CIDENT		-	—			
					_		☐- NO DAMAG	EE[0] L-UNDERCARRIAGE[14]			
1 1	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWA	7 - SHOULDER/ROADSIDE		RIVEWAY ACCESS	99 - OTHER / UNKNOWN	□- TOP (13)	- ALL AREAS [15]			
	2 - INTERSECTION -	5 - TRAVEL LANE -	0 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS			i <u> </u>				
MOTORIST LOCATION -	UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	OTHER LOCATION 6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER			- UNIT NOT AT SCENE [16]				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC	AT INCIDENT SCENE 15 - WALKING, RUNNING, 21 - STANDING OUTSIDE							
		2 - BACKING	LANE		GGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE		AL POINT OF CONTACT			
	2 - NON-COLLISION 6	3 - CHANGING LANES	10 - PARKED		ORKING	99 - OTHER / UNKNOWN	0 - NO DAI	:			
	3 - STRIKING PRE-CRASH	↓ 4 - OVERTAKING/PASSII 1 S - MAKING RIGHT TURI			JSHING VEHICLE		11 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE				
ACTION .	4-STRUCK ACTIONS	6 - MAKING LEFT TURN			PPROACHING OR AVING VEHICLE		DIAGRAM 99 - UNKNOWN				
	5 - BOTH STRIKING & STRUCK	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE		ANDING		13 - TOP	·			
	9 - OTHER / UNKNOWN	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - 0	THER NON-MOTORI	ज		TRAFFIC			
	1 - NONE		LOSE 13 - IMPROPER START FROM	18 - OP	ERATING DEFECTIVE	23 - OPENING DOOR INTO	To A Price Land				
	2 - FAILURE TO YIELD	/ACDA	A PARKED POSITION	EQ	UIPMENT	ROADWAY	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL			
	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY		AD SHIFTING	99 - OTHER IMPROPER	2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
2	5 - UNSAFE SPEED	10 - IMPROPER PASSING			ALLING/SPILLING PROPER CROSSING	ACTION	2	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CONTRIBUTING	S C MADDODED TUDA	11 - DROVE OFF ROAD	, 16 - WRONG WAY	21 - LYI	ING IN ROADWAY			J S TO SAILES S TO CONTROL			
James Market	7 - LEFT OF CENTER	12 - IMPROPER BACKIN	G 17 - VISION OBSTRUCTION	22 - NO	T DISCERNIBLE		# of THROUGH LANES	RAIL GRADE CROSSING			
SEQUENCE (OF EVENTS						ON ROAD	1 - NOT INVLOVED			
3	* * * * ***		EVENTS				121	2 - INVOLVED-ACTIVE CROSSING			
, 20 ,	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNIT	rs 12 - DOWNHILL RUNAWAY		IIMAL -OTHER	23 - STRUCK BY FALLING,		3 - INVOLVED-PASSIVE CROSSING			
ا ا	2 - FIRE/EXPLOSION 3 - IMMERSION	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT			DTOR VEHICLE IN	SHIFTING CARGO OR ANYTHING SET IN	UNIT /N	ON-MOTORIST DIRECTION			
	4 - JACKKNIFE	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE		ANSPORT RKED MOTOR	MOTION BY A MOTOR	J. 7 N				
2 []	5 - CARGO / EQUIPMENT	11 - CROSS CENTERLINE	- 16 - RAILWAY VEHICLE	VE	HICLE	VEHICLE 24 - OTHER MOVABLE		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
l .	LOSS OR SHIFT	OPPOSITE DIRECTION OF TRAVEL	17 74-17-12 17-14-17		ORK ZONE	OBJECT OFFICE MOVABLE	4	- 3-FAST 7-SOUTHEAST			
6 - EQUIPMENT FAILURE OF MAYEL 18 - ANIMAL - DEFR MAINTENANCE								3 4-WEST 8-SOUTHWEST			
COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER/UN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - FMRANKMENT 52 - RIPPOING											
4 📖	/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	45 - EM 46 - FEI	IBANKMENT NCE	52 - BUILDING 53 - TUNNEL					
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MÉDIAN CABLE BARI	RIER SUPPORT	47 - M/	AILBOX	54 - OTHER FIXED	UNIT SPEED	DETECTED SPEED			
5	27 - BRIDGE PIER OR	34 - MEDIAN GUARDRAIL BARRIER	L 40 - UTILITY POLE 41 - OTHER POST, POLE	48 - TR 49 - FiR	EE RE HYDRANT	OBJECT 99 - OTHER / UNKNOWN	1 - STATED / ESTIMATED S				
ABUTMENT 35 - MEDIAN CONCRETE OR SUPPORT					ORK ZONE			- SIGNED / COMMAND OFFED			
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 35 ~ MEDIAN OTHER BAR	42 - CULVERT		VINTENANCE UIPMENT		horre rece	1 2 - CALCULATED / EDR			
	30 - GUARDRAIL FACE	37 - TRAFFIC SIGN POST	44 - DITCH	51 • W			POSTED SPEED				
1 1 1	I FIRST HARMFUL EVEN	т . 1 ма	IST HARMEIII EVENT				25	3 - UNDETERMINED			

LOCAL REPORT NUMBER

			24MPD1396								
	OWNER NAME: LAST, FIRST,	MIDDLE (SAME AS DRIV	A CODE (SAME AS DRIVER)		DAMAGE,						
	MORR, ADAM, P DDRESS: STREET, CITY, STATE, Z	TD color of position					1 - NONE	DAMAGE SCALE 3 - FUNCTIONAL DAMAGE			
-	ELLS ST, SHREVE, OH					•	2 2 - MINOR DAI				
	CIAL CARRIER: NAME, ADDRES			Cor	MARROLAN CARRIER PHI	ONE: INCLUDE AREA CODE	1	- UNKNOWN			
	,						DAMAGED AREA(S)				
LP STATE	LICENSE PLATE #	VEH	IICLE IDENTIFICATION #	_	VEHICLE YEAR	VEHICLE MAKE	INDIC	TATE ALL THAT APPLY			
он	KCZ4332	1	TPX14565FB75315	2005 FORD			_ 12	12			
INSURA VERIFIE	INSURANCE COMPA		INSURANCE POLICY #		COLOR	VEHICLE MODEL		1 2 1			
LAJVERIFIE		<u>-</u> -	826595773		BLU	F-150	10 11 120 1 2	10 11 2			
	TYPE OF USE	TIN EMERGENCY	US DOT#	TOW	ED BY: COMPANY N	AME					
LINTERL		RESPONSE	/EHICLE WEIGHT GVWR/GCWF	, —	HAZARDOU:	S MATERIAL					
DEVICE	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS.		iaterial clas Eleased	S# PLACARD ID#					
EQUIPP	ED		2 - 10.001 - 26K LBS. 3 - > 26K LBS.		LACARD [7			
		N (9-15 SEATS)			· ·	PEDESTRIAN/SKATER	8				
<u>4</u>	(MINIVAN) 8 - M	OTORCYCLE 2-WHEELED OTORCYCLE 3-WHEELED	14 - CINICLE LINEY	BUS (16+ P OTHER VEH		WHEELCHAIR (ANY TYPE) OTHER NON-MOTORIST	10				
UNIT TYP	L VERICLE	JTOCYCLE	TRUCK	HEAVY EQL		BICYCLE	<i></i>				
	10-0	AOPED OR MOTORIZED ICYCLE •	16 - FARM FOURMENT 22 - A		THE PERSON OF TH	TRAIN	<u> </u>				
w.		LL TERRAIN VEHICLE /UTV)	17 - MOTORHOME	MINIAL-DI	RAWN VEHICLE 99 -	UNKNOWN OR HIT/SKIP	8				
#	# of TRAILING UNITS	(014)					12	7 12			
	WAS VEHICLE OPERATING IN A		0 - NO AUTOMATION 3	- CONDITI	ONAL AUTOMATION	9 - UNKNOWN	1 12	1 1			
>	MODE WHEN CRASH OCCURRE	1 0			ITOMATION	_	10/ 1001	10/11/2			
2	1-YES 2-NO 9-OTHER/L		MOUS 2 - PARTIAL AUTOMATION 5			-					
	1 - NONE	6 - BUS - CHARTER/		16 6	1014	31 MARIE CARRIER					
. 1 .	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	16 - FA 17 - M	OWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN					
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE		NOW REMOVAL		7 5	7			
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER 10 - AMBULANCE	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP	19 - TC	OWING UFETY SERVICE		6	6			
	5 - BUS - TRANSIT/COMMUTER				TROL		,	12 12 12			
1 .	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - Di	UMP	99 - OTHER / UNKNOWN	12				
CARGO	/ NOT APPLICABLE 2 - BUS	5 - INTERMODAL CONTAINER CHAS	8 - POLE		ONCRETE MIXER		a BA s				
BODY	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	9 - CARGO TANK 10 - FLAT BED		JTO TRANSPORTER ARBAGE/REFUSE						
TYPE							ر پ	T			
1	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT		TOR TROUBLE SABLED FROM PRIOR	99 - OTHER / UNKNOWN	6				
VEHICLE DEFECTS		6 - TIRE BLOWOUT	DEFECTIVE		CIDENT						
	 _	<u>-</u> -					☐- NO DAMAG	E[0]			
1	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSS	7 - SHOULDER/ROADSIDE WALK 8 - SIDEWALK		RIVEWAY ACCESS HARED USE PATHS	99 - OTHER / UNKNOWN	□-70 P[13]	☐- ALL AREAS [15]			
NON- MOTORIST	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATIO		O.F	RTRAILS		_	· · · · · · · · · · · · · · · · · · ·			
LOCATION	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	ISLAND		RST RESPONDER INCIDENT SCENE		U- UNIT NOT AT SCENE [16]				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD				21 - STANDING OUTSIDE	ÎNITIA	L POINT OF CONTACT			
, 4	2 - NON-COLLISION 1	2 - BACKING 3 - CHANGING LANES			GGING, PLAYING ORKING	DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAM	AGE 14 - UNDERCARRIAGE			
L	3 - STRIKING PRE-CRASH	4 - OVERTAXING/PAS			JSHING VEHICLE PPROACHING OR			R TO UNIT 15 - VEHICLE NOT AT SCENE			
ACTION	4-STRUCK ACTIONS	6 - MAKING LEFT TUR	· ·	LE	AVING VEHICLE		DIAGE	AM 99 - UNKNOWN			
	5 - BOTH STRIKING & STRUCK	7 - MAKING U-TURN 8 - ENTERING TRAFF	13 - NEGOTIATING A CURVE IC 14 - ENTERING OR CROSSING		ANDING		13 - TOP	l			
	9 - OTHER / UNKNOWN	LANE	SPECIFIED LOCATION					TRAFFIC			
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TOO /ACDA	CLOSE 13 - IMPROPER START FROM A PARKED POSITION		ERATING DEFECTIVE UIPMENT	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			
\Box	4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PASSI	ILLEGALLY ING 15 - SWERVING TO AVOID		LLING/SPILLING PROPER CROSSING	ACTION	2-140-447	6 3 - FLASHER 6 - NO CONTROL			
CONTRIBUTE CIRCUMSTAN	NG 6-IMPROPER TURN CES 7 - LEFT OF CENTER	11 - DROVE OFF ROA 12 - IMPROPER BACK	D 16 - WRONG WAY	21 - LYI	NG IN ROADWAY						
	r - sers OF CONTER	- IMPROPER BACK	ING 17 - VISION OBSTRUCTION	22 - NO	T DISCERNIBLE		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVLOVED			
SEQUENCE	OF EVENTS					_	_	2 - INVOLVED-ACTIVE CROSSING			
. 1 20		7 - SEPARATION OF UN		19 - AN	IMAL-OTHER 2	3 - STRUCK BY FALLING,	<u>2</u>	3 - INVOLVED-PASSIVE CROSSING			
1	2 - FIRE/EXPLOSION 3 - IMMERSION	8 - RAN OFF ROAD RIG 9 - RAN OFF ROAD LEF	SHT 13 - OTHER NON-COLLISION	1 20 - MC		SHIFTING CARGO OR ANYTHING SET IN	IINIT / NO	N-MOTORIST DIRECTION			
21	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PA	RKED MOTOR	MOTION BY A MOTOR	JHII 7 NO	1 - NORTH 5 - NORTHEAST			
2. 5 - CARCO / EQUIPMENT 11 - CROSS CENTERLINE - 16 - RAILWAY VEHICLE LOSS OR SHIFT OPPOSITE DIRECTION 17 - ANIMAL - FARM					HICLE DRK ZONE	VEHICLE 4 - OTHER MOVABLE	,	2 - SOUTH 6 - NORTHWEST			
31	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER	MA	INTENANCE	OBJECT	FROM 2 TOL	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
EQUIPMENT FROM TO 4-WEST 8-SOU COLLISION.WITH FIXED OBJECT - STRUCK											
4 L	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIE	38 - OVERHEAD SIGN POST		BANKMENT 5	2 - BUILDING 3 - TUNNEL	<u> </u>				
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BA	ARRIER SUPPORT	47 - MA	AILBOX 5	4 - OTHER FIXED	UNIT SPEED	DETECTED SPEED			
5	27 - BRIDGE PIER OR	34 - MEDIAN GUARDRI BARRIER	41 - OTHER POST, POLE		E HYDRANT 9	OBJECT 9 - OTHER / UNKNOWN	ı 2 5 ı	1 - STATED / ESTIMATED SPEED			
	ABUTMENT , 28 - BRIDGE PARAPET	35 - MEDIAN CONCRET BARRIER	TE OR SUPPORT 42 - CULVERT		ORK ZONE INTENANCE			1			
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BA	ARRIER 43 - CURB	EQI	UIPMENT		POSTED SPEED	2 - CALCULATED / EDR			
, 1				51 - WA	ALC.		35	3 - UNDETERMINED			
<u> </u>	FIRST HARMFUL EVEN	, [] M	IOST HARMFUL EVENT				25				

Motorist / Non-Motorist										LOCAL REPORT NUMBER 24MPD1396											
UNIT #	-,		RST, MIDDLE				_								DATE	OF BIRTH	PD 13		AGE	GENDER	
1			MILLER, EMMA, A													7/1972			51	F	
ADDRES	S: STREET, CIT						-						CONTACT PHONE - INCLUDE ARE				REA COD	l E		<u> </u>	
8897 B	ARRS MILLS RD NW, SUGARCREEK, OH, 44681												864-	497-70)30						
8897 B. INJURIE 5	INJURED EMS AGENCY (NAME) INJURED TAKEN TO						TAKEN TO: N	VIEDICAL FA	CILITY (NAME, C	IIY)	SAI	FETY EQUIPMENT	po	Т-Сомры	ANT	SEATING POSITION	AIR B.	AG USA	GE EIECTI	ON TRAPPED	
	8Y	lau . I										4		HELME.		1		1	1	1	
OL STAT	OPERATOR LICENSE NUMBER OFFENSE CHAR					E CHARG	ED		LOCAL	0	FFENSE DESCRI	PTION		•		CITA	TION	NUMBER			
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OL CLAS	ENDORSEN	MENT	RESTRICTION SELECT UP TO 3		DRIV	ER RACTED			UG SUSPE			CONDITION		LCOHO	T	-		DRUG TEST(S)			
4	R				1		R DRUG	MARIJU.	ANA	1	1	STATUS 1	1YPE 1		VALUE	STATUS 1	TYP		TS SELECT UP TO 4		
UNIT #	NAME: LA	ST, FI	RST, MIDDLE									_	T .		DATE	OF BIRTH	•		AGE	GENDER	
2	MORR,	SALI	LY, KAY												03/0	9/1989			35	l _F	
=	S: STREET, CIT	Y, ST/	ATE, ZIP										CONT			INCLUDE A	REA COD				
101	VELLS ST,	SHRI	EVE, OH, 44676										330-	464-91	159						
INJURIE	INJURED TAKEN	EM.	S AGENCY (NAME)			INJURED	TAKEN TO: N	MEDICAL FA	CILITY (NAME, C	TY)	\$AI US	FETY EQUIPMENT ED	D0	Т-Сомры	ANT	SEATING POSITION	AIR B	AG USA	GE EJECTI	ON TRAPPED	
OL STAT	BY 1									-		4	MC HELMET 1				1 1		1		
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UNIT #	NAME: LA	ST, F	RST, MIDDLE										T		DATE	OF BIRTH	•	_	AGE	GENDER	
ADDRESS	S: STREET, CIT	Y, STA	ATE, ZIP							-			CONT	ACT PH	ONE -	INCLUDE A	REA COD	Ę			
<u> </u>				_																	
INJURIE	TAKEN	EM:	S AGENCY (NAME)			INJURED 1	TAKEN TO: P	MEDICAL FA	CILITY (NAME C	TY)	SA US	FETY EQUIPMENT ED		Т-Сомец		SEATING POSITION	AIR B	AG USA	GE EJECTI	ON TRAPPED	
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DORIST NON-MON-MON-MON-MON-MON-MON-MON-MON-MON-	E OPERATO	(LICI	ENSE NUMBER			OFFENS	E CHARG	iED		LOCAL CODE	ODE			TION				TION	NUMBER		
OL CLAS	ENDORSEN	AFNT.	RESTRICTION SELECT UP TO 3					CONDITION		ALCOHOL TEST			DRUG TEST(S)		.(C)						
	1		RESTRICTION SELECT OF 10 3		DIST	RIVER ALCOHOL / DRUG SUSPECTED DISTRACTED ALCOHOL MARIJUANA				1		STATUS TYPE VALUE		STATUS TYPE							
					BY		OTHE	R DRUG									<u> </u>				
	URIES		SEATING POSITION			IR BAG	3		OL CLAS	S		OL RESTRICT	rion(s) DR	IVER	DISTRA	CTION		TEST S	TATUS	
1 - FATAL 2 - SUSPECTE	D SERIOUS	4 2	(MOTORCYCLE DRIVER)	2 - D	EPLOY	PLOYED ED FRONT	Г	'1 - CLA				1 - ALCOHOL INTERLOCK 1 - NOT DISTRACTED DEVICE: 2 - MANUALLY OPERATING				ING AN		ONE GIVEN			
INJURY 3 - SUSPECTE	- D MINOR	3 - FRONT - MIDDLE, 3 - DEP				ED BOTH		3 - CLASS C		3 -	COL INTRASTATE CORRECTIVE LEN		C		INICATION (DEVICE		ST GIVEN, ONTAMINA	TED SAMPLE		
INJURY 4 - POSSIBLE	NJURY	•	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	15 - N	IOT AP	PLICABLE MENT UN		4 - FARM WAIVER 5 - EXCEPT CLASS A B				BUS	, D	MALING	G, TYPING, S ON HAND	S-FRFF	' 4 - T	JNUSABLE ST GIVEN,			
5 - NO APPAR	ENT INJURY	38	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	,				-	HIO = D) C MOPED O	NLY		6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD			DEVICE	, 5 - T	SULTS KN ST GIVEN,				
INJURIE	S TAKEN E	Υ	(MOTORCYCLE SIDE CAR)	1 - N	OT EIS	JE CTIO ECTED	N	6 - ŅO	VAUD OL			- INTERMEDIATE L RESTRICTIONS		'5 - C	OTHER A	INICATION I ACTIVITY WI	TH AN		SULTS UN	KNOWN	
1 - NOT TRA	NSPORTED AT SCENE	į.	9 - THIRD - RIGHT SIDE	, 2 - PA	ARTIAL	LY EJECTED		F .	NDORSE	MENT	٠,	LEARNER'S PERM RESTRICTIONS		16 - P	ASSEN			1 N 2 - Bl	ONE	3	
2 - EMS	4.	. ŧ	OF TRUCK CAB 11 - PASSENGER IN	∮4 - N		PLICABLE		`H⊹HA M M	ZMÄT OTORCYCLE			ONLY ONLY		11	NSIDE T	DISTRACTIO HE VEHICLE DISTRACTIO		- 3 - U	RINE -		
3 - POLICE 9 - OTHER/	IINKNOWN	. 1	OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT,	1 - N		RAPPE APPED	D		SENGER		12	LIMITED TO EM - LIMITED - OTHE - MECHANICAL D	R	· c	UTSIDI	E THE VEHIC UNKNOW!	LE	4 - B 5 O			
	EQUIPMEN	; 	BUS, PICK-UP WITH CAP) 12 - PASSENGER IN	2 - E	XTRICA IECHAI	NICAL ME	ANS	N - TAI	NKER OTOR SCOO	TER	13	(SPECIAL BRAKE CONTROLS, OR	S, HAND	É		NDITIO		1 N		ST_TYPE	
1 - NONE US	ED	, iš	UNENCLOSED CARGO AREA 13 - TRAILING UNIT				AL MEANS	R-TH	REE-WHEEL		. 14	ADAPTIVE DEVI	CES)			NTLY NORM		2 - BI	00D 🛴		
USED	2 - SHOULDER BELT ONLY 14 - RIDING ON VEHICLE							TORCYCLE SOOL BUS			- MOTOR VEHICL WITHOUT AIR 8	ES	(3 - E		NAL (E.G. D, ANGRY,		4.0				
3 - LAP BELT (4 - SHOULDE			(NON-TRAILING UNIT) 15 - NON-MOTORIST	<u>;</u>					UBLE & TRII ILERS	PLE	_,17	- OUTSIDE MIRRO - PROSTHETIC AI			ISTURBE LLNESS				APHETAMI	result(s) _{Ves} :	
	TRAINT SYSTE		99 - OTHER / UNKNOWN	STATE OF THE PARTY				X-TAN	NKER / HAZ	MAT	10	- OTHER		i Fa	ATIGUE				RBITURATI NZODIAZE		
6 - CHILD RES	- FORWARD FACING 6 - CHILD RESTRAINT SYSTEM							GENDE	R			6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS /				3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE					
7 - BOOSTER	SEAT	ĺ	:	:				F - FEN			-	ALCOHOL 6 - OPIATES / C 9 - OTHER / UNKNOWN 7 - OTHER			HER						
	VE PADS USED			and the second				M - MA	HER / UNKN	IOWN				GATIVE RE	SULTŠ =						
10 - REFLECT	KNEES, ETC) VE CLOTHING C. PEDESTRIAN	,		}					-			4		;						-	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN			,					_					!								

I	OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 24MPD1396					
	UNIT #	NAME: LA	ST, FIRST, MIDDLE			,		DA	TE OF BIRTH	1	AGE	GENDER		
	. 1	TROYER	, JUNIOR					08.	/29/1989	- 1	35	М		
NVA	ADDRESS:	STREET, CITY	· ! ′	_				CONTACT PHONE - INCLUDE AREA CODE						
CCUPAN			S RD NW, SUGARCREE	330-663-3635										
•		TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N	AME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	SE DECTION	TRAPPED		
1	5	BY 1					4	IMC HELMET	4	1	1	1		
	UNIT #	ſ	ST, FIRST, MIDDLE	DA		AGE	GENDER							
E	1	TROYER,		10/01/1991 · 32 F										
CCUPAN	A ADDRESS: STREET, CITY, STATE, ZIP 8844 BARRS MILLS RD NW, SUGARCREEK, OH, 44681								CONTACT PHONE - INCLUDE AREA CODE 330-663-3635					
Ž	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME OTY) SAFETY EQUIPMENT							330-003-3033	SEATING	AIR BAG USA	SE EJECTION	N TRAPPED		
	5	TAKEN BY 1				-	4	DOT-COMPLIANT MC HELMET	POSITION 3	1	1			
	UNIT #	+=	ST, FIRST, MIDDLE		<u></u>			DA	TE OF BIRTH	' '	AGE	GENDER		
	1	HERSHB	; ERĢER, DAVID					· 12.	/12/1964		59	М		
PAN	ADDRESS:	STREET, CITY	, STATE, ZIP		<u>-</u>	-		CONTACT PHONE		A CODE		.,,,		
CCUPAN			RD NW, SUGARCREE	K, OH, 44681				330-600-8978						
į		TAKEN	EMS AGENCY INAME		INJURED TAKEN TO: MEDICAL FACILITY (NA	AME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	SE EJECTION	TRAPPED		
3	5	av 1					4	MC HELMET	5	1	1	1		
	UNIT #	NAME: LAS	ST, FIRST, MIDDLE					DA	TE OF BIRTH	ĺ	AGE	GENDER		
12	1	<u></u>	ERGER, WILMA					08,	/26/1968		56	F		
CCUPAN		STREET, CITY	, STATE, ZIP S RD NW, SUGARCREE	V OU 44601				CONTACT PHONE - INCLUDE AREA CODE						
ĕ	INJURIES		EMS AGENCY (NAME)	K, OH, 44001	INJURED TAKEN TO: MEDICAL FACILITY (NJ	ANE COY)	SAFETY EQUIPMENT	330-600-8978	SEATING	AIR BAG USA	e ercuo	TRAPPED		
	5	TAKEN BY 1 1					4	MC HELMET	POSITION	4		Thorris .		
Ē			URIES	SAFET	Y EQUIPMENT USED	ŀ	SEATING POS	ITION	6	AIR BAG	ISACE	1		
	1 - FATA		,	1 - NONE		г.	IT - LEFT SIDE	ITION	1 .		JSAGE			
			ERIOUS INJURY	VEHICLI	E OCCUPANT	,	ORCYCLE DRIVE	R) 1 - NOT DEPLOYED - 2 - DEPLOYED FRONT						
			IINOR INJURY		DER BELT ONLY USED	-	IT - MIDDLE IT - RIGHT SIDE	3 - DEPLOYED SIDE						
		SIBLE INJU	a		T ONLY USED DER & LAP BELT USED	•	ND - LEFT-SIDE	Lîgen	1 .	YED BOTH	į	t ty.		
	5 - NO /	APPAREN'	T INJURY		RESTRAINT SYSTEM -		ORCYCLE PASSE ND - MIDDLE	5 - NOT APPLICABLE						
			TAKEN BY		RD FACING		ND - RIGHT SIDE	9 DEPLOYMENT UNKNOWN						
		TRANSPO	,	6 - CHILD R	ESTRAINT SYSTEM '	•) - LEFT SIDE ORCYCLE SIDE C							
ı	2 - EMS		1	7 - BOOSTE			O - MIDDLE O - RIGHT SIDE	1 - NOT EJECTED						
	3 - POLI		1 1	8 - HELMET	USED	4.5	PER SECTION O	4 × 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	9 - OTH	IER / ÚNK	NỘWN ;		TIVE PADS USED	1.	SENGER IN OTHE	ER ENCLOSED 3 - TOTALLY EJECTED						
		GE	NDER		/S, KNEES, ETC) TIVE CLOTHING	SUCI	GO AREÁ (NON-TI H AS A BUS, PICK-ÚF	P WITH CAP)						
	F - FEM	ALE .		11 - LIGHTII	NG - PEDESTRIAN	_	Senger in Une Go area	7,777,720						
	M - MÁ	LE	74	A 4 4 11	CLE ONLY 7 UNKNOWN	1:13 - TRAI	LING UNIT	,	1 - NOT T 2 - EXTRIC	-				
	U - OTH	HER / UNK	NOWN.	33 - OTHER	TO ON THE STATE OF		NG ON VEHICLE	EXTERIOR	1	ANICAL M	EANS	* .		
	7	*	£	1 2 mg		15 - NON	I-MOTORIST	-	3 - FREED			, s ²		
		• •	1			99 - OTH	ER / UNKNOWN		NON-I	MECHANIC	AL MEA	NS.		
SS	NAME: LAS	ST, FIRST, MIC	DDLE			•		DA	TE OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS:	STREET, CITY	, STATE, ZIP		<u> </u>	-		CONTACT PHONE	- INCLUSE ARE			-		
5		·						COMINCI PROME	- INCLUDE ARE	CODE				
	NAME: LAS	ST, FIRST, MIC	DDLE			-		DA	TE OF BIRTH	T	AGE	GENDER		
WITNESS							ASE GENDE							
MI	ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA	CODE				
5	NAME	ST, FIRST, MIC	DDIE		-	_	-		r or		,			
5 23	HANNE: UAS	, rina i, MIL						DA.	TE OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS:	STREET, CITY	, STATE, ZIP	_			_	CONTACT PHONE	- INCLUDE AREA	A CODE				
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U	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER 24MPD1396						
	UNIT # NAME: LAST, FIRST, MIDDLE								Z4IVIII	701396	AGE	CENTER		
	1	l	STEVEN						- 1	22	GENDER			
2	<u> </u>		Y, STATE, ZIP					01.	<u> </u>					
CCUPA	3930 SR 93, SUGARCREEK, OH, 44681								CONTACT PHONE - INCLUDE AREA CODE 330-243-6786					
	INJURIES		EMS AGENCY (NAME)	-	INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USA	GE ETECTIO	N TRAPPED		
	5	TAKEN BY 1	,	i.			4	MC HELMET	POSITION 7	1	1	1		
7	UNIT #	NAME: LA	ST, FIRST, MIDDLE			_		DA	TE OF BIRTH		AGE	GENDER		
,	1 YODER, RHODA								03/22/2003 21 F					
Ā	<u> </u>								CONTACT PHONE - INCLUDE AREA CODE					
9	ADDRESS: STREET, CITY, STATE, ZIP 3939 SR 93, SUGARCREEK, OH, 44681							330-243-6786						
	INJURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	AIR BAG USA	GE EJECTIO	N TRAPPED			
•	5	BY 1	,}				4	MC HELMET	POSITION 9	1	1	1		
	UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH	<u> </u>	AGE	GENDER		
A A	ADDRESS:	STREET, CIT	Y, STATE, ZIP		v -			CONTACT PHON	E - INCLUDE ARE	A CODE		``		
CCUPAN									•					
	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	-	INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTIO	N TRAPPED		
		ВА	,					MC HELMET	rosinen		ŀ			
1	UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER		
١.]	1									ļ		
Νď	ADDRESS:	STREET, CIT	Y, STATE, ZIP		· ·	<u>-</u>		CONTACT PHONE	- INCLUDE ARE	A CODE		<u> </u>		
CCUPAN			l									į		
	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTION			
		ВУ	J				1	MC HELMET		1	ľ	1		
		IN.	JURIES	SAFET	/ EQUIPMENT USED		SEATING POS	ITION		AIR BAG	USAGE			
	1 - FATA	AL.	4 	1 - NONE U			T - LEFT SIDE		1 - NOT (DEPLOYED		1		
	2 - SUS	PECTED S	ERIOUS INJURY	1	OCCUPANT		ORCYCLE DRIVE IT - MIDDLE	R)	2 - DEPLO	OYED FROM	NT	=		
	3 - SUS	PECTED N	MINOR INJURY		PER BELT ONLY USED T ONLY USED		3 - DEPLOYED S							
		SIBLE INJ			DER & LAP BELT USED	N. GERN		DYED BOT						
	5 - NO /	APPAREN	IT INJURY		ESTRAINT SYSTEM -	5 - SECO	NGER)	T/SIDE	_	!				
		INJURE	D TAKEN BY	FORWA	RD FACING	I 5 - NOT APPLIC E y 9 - DEPLOYMEN			_	'Ni '				
			ORTED /		ESTRAINT SYSTEM -	7 - THIRD	ŧ			***				
	TREA 2 - EMS	ATED AT S	SCENE	REAR FA		8 - THIRD	· · · · · · · · · · · · · · · · · · ·			CTION				
	3 - POLI			7 - BOOSTE	1	9 - THIRD	1 NOT EJECT							
		iER / UNK	[™] . (NOWN :	₹ -1. <u>2</u> 7	TIVE PADS USED		PER SECTION OF SENGER IN OTHE	F TRUCK CAB 2 - PARTIALLY EJ ER ENCLOSED 3 - TOTALLY EJEC			a			
ł				1	S, KNEES, ETC)	CAR	GO AREA (NON-TI	RAILING UNIT	\$ 1 L 1/2 11 11	APPLICABL				
			ENDER		TIVE CLOTHING		HAS A BUS, PICK-UP SENGER IN UNE	P WITH CAP)						
	F - FEM	_	i	i	NG - PEDESTRIAN	CARG	GO AREA		1 - NOT TRAPPED					
	M - MA		1		LE ONLY / UNKNOWN		LING UNIT NG ON VEHICLE	2 EVTDICATED BY						
	Ú - ÓTH	HER / UNI	known	,	, 5	~ <u>.</u> .	NG ON VEHICLE -TRAILING UNIT)	TVÍTRIOR	MECH	ANICAL M	EANS			
		-	i 8 2	r .		: 15 - NON	I-MOTORIST		3 - FREED		· · · · - ·			
		• :	A =	ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	de Company of Parish de Company (Company of Company of	99 - OTH	ER / UNKNOWN		NON-	MECHANI	AL MEA	N2		
ξž	NAME: LAS	ST, FIRST, MI	IDDLE					DA	TE OF BIRTH		AGE	GENDER		
	ADDRESS:	STREET CIT	Y, STATE, ZIP	_				CONTRACT DUGGE				,		
š	ADDRESS.	JIKEEI, CII	i, sixte zir					CONTACT PHONE	: • INCLUDE ARE	A CODE				
7	NAME: LAS	ST, FIRST, MI	DDLE	_				. DA	TE OF BIRTH	· 1	AGE	GENDER		
ESS			,											
WITNESS	ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE				
1			ı						•					
s	NAME: LAS	ST, FIRST, MI	DDLE					DA	TE OF BIRTH		AGE	GENDER		
MES	Appress	CTOFFT C	V STATE TIP							J		L		
N	WDUKE22:	SINSEL, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE				