Form No. AU-62 000

## STATE OF OHIO DEPARTMENT OF TRANSPORTATION

## PROPERTY DAMAGE AND ACCOUNTS RECEIVABLE REPORT

To: GUERNSEY	County		Title: [Title]	Date: November 24, 2021				
Patrol Report No:	30-0873-30		Party Responsible: ROY	SR No: IR 70 WB OVERPASS				
Damage To: BRI	DGE OVERI	PASS	Accident date: 11/9/21		Location: MILEPOST 156			
Please investigate a	nd advise the	District Auditor with	hin 10 days whether or not	the damages will be	repaired			
□ No Repair	rs will not be	performed because _		Reti	ırn entire	sheet and patrol report.		
				Signature:				
			MATERIAL					
OUANTITY	UNIT	DI	ESCRIPTION	UNIT COS	ST	AMOUNT		
						<del></del>		
				TOTAL MATE	RIAL			
Date		Signature						
An Account	Receivable	DIS	STRICT OFFICE USE O	ONLY				
	Established							
☐ Will No	ot be Establis	hed Because						
DOT -								

Signature \_\_\_\_\_

Ohio Public Safety TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT LOCAL REPORT NUMBER *										R *	
PHOTOS TAKEN X OH -2 X OH -3 LOCAL INFORMATION P21110900002029 30-0873-30											
SECONDARY	CRASH OH-1P	OTHER REPO	ORTING AGENCY NAME *		NCIC *	HIT/SKIP	пѕ	UNIT IN ERROR			
	PRIVATE PR	OPERTY Ohio	State Highway Patrol		L	OHP30	1 - SOLVED 2 - UNSOLVED	1		1 98 - ANIMAL 1 99 - UNKNOWN	
COUNTY* LOCALITY* LOCATION: CITY. VILLAGE. TOWNSHIP* CRASH SEVER											
30 3	2 - VILLAGE Ca		11/09/2021	- FATAL							
NOUTE TYPE RO		1 - NORTH LOC 2 - SOUTH	ATION ROAD NAME			ROAD TYPE	LATITUDE DE	- SERIOUS INJURY SUSPECTED			
CR CR	35			39.997	3 -	- MINOR INJURY					
2000		4 - WEST 1 - NORTH REF	ERENCE ROAD NAME (ROA	D MILEDOCT HO	MIEF #\	2012 701			4	SUSPECTED - INJURY POSSIBLE	
EN SERVICE	TALLIA.	2 - SOUTH 3 - EAST	ERENCE ROAD NAME (ROA	D. MILEPOST, HC	/USE #)	ROAD TYPE	LONGITUDE DI			- PROPERTY DAMAGE	
-	774	4 - WEST					-81.564604 ONLY				
1 - INTERSEC	FROM REFEREN	ICE	ROUTE TYPE		ROAD TYP			INTERSECTION	RELATE	D	
1 1 12 - MILE POS	1 1 - NO	UTH		AL - ALLEY AV - AVENUE	HW - HIGHW	WITH IN THE RECTION OF O			N APPROACH		
3 - HOUSE #	3 - EAS	ST		BL - BOULEVARD	MP - MILEPO		WITHIN INTER	RCHANGE AREA	MUB	MBER OF APPROACHES	
DISTANCE FROM REFERENCE	E DISTANCI UNIT OF MEASU			CR - CIRCLE CT - COURT	OV - OVAL PK - PARKWA	TE - TERRACE AY TL - TRAIL		ROADW		IBER OF AFFROACHES	
	1 - Mi	LES	ABERED COUNTY ROUTE	DR - DRIVE	PI - PIKE	WA - WAY			/AY		
L0.50	1 2 - FEI 3 - YA	2000000	MBERED TOWNSHIP UTE	HE - HEIGHTS	PL - PLACE		ROADWAY D	IVIDED			
	CATION OF FIRST HAR			ANNER OF CRAS			DIRECTION OF TRAV	/EL	MEDIA	N TYPE	
1 4		:rossover Driveway/Alle		IOT COLLISION 4	- REAR-TO-RE	EAR	1 - NORTH	USH MEDIAN			
3 - IN MI	EDIAN 11 -	RAILWAY GRADE	CROSSING T	WO MOTOR 6	- ANGLE		2 - SOUTH		4 FEET ) /IDED FII	USH MEDIAN	
5 - ON G		Shared USE Pat Trails		EHICLES IN 7	- SIDESWIPE,	SAME DIRECTION	4 - WEST	(≥4	4 FEET )		
1	IDE TRAFFIC WAY 13 -			CARTEND	·	OPPOSITE DIRECTION				EPRESSED MEDIAN AISED MEDIAN	
7 - ON R 8 - OFF R		TOLL BOOTH OTHER / UNKNO		EAD-ON 9	- OTHER / UN	IKNOWN		(AN	(NY TYPE) THER / UNKNOWN		
DWOOK ZONE B											
WORK ZONE R	1		/ORK ZONE TYPE NE CLOSURE	1		IN WORK ZONE 1ST WORK ZONE	CONTOUR	CONDITION	45	SURFACE	
WORKERS PRE	SENT		NE SHIFT/ CROSSOVER		WARNING SI	GN	3			2	
LAW ENFORCE	MENT PRESENT		RK ON SHOULDER		- advance W. - transition	ARNING AREA AREA	1 - STRAIGHT LEVEL	1 - DRY 2 - WET		1 - CONCRETE 2 - BLACKTOP,	
			MEDIAN ERMITTENT OR MOVING WOI		- ACTIVITY ARE		2 - STRAIGHT 3 - SNOW			BITUMINOUS,	
ACTIVE SCHOO	DL ZONE	5 - OTH			TERMINATIO	N AREA	3 - CURVE LEVEL	4 - ICE 5 - SAND, MUD, I	DIRT.	ASPHALT 3 - BRICK/BLOCK	
	IGHT CONDITION			WEATHER			4 - CURVE GRADE	OIL, GRAVEL		4 - SLAG , GRAVEL,	
1 - DAYLI			1 - CLEAR	6 - SNOW			9 - OTHER /UNKNOWN	6 - WATER (STAN MOVING)	DING,	STONE 5 - DIRT	
	- LIGHTED ROADWAY		2 - CLOUDY 3 - FOG, SMOG, SMC	7 - SEVERE C		DIST CNOW	7 - SLUSH				
	- ROADWAY NOT LIGHT		4 - RAIN			EZING DRIZZLE		9 - OTHER / UNK	NOMN	/ UNKNOWN	
	- UNKNOWN ROADWA R / UNKNOWN	Y LIGHTING	5 - SLEET, HAIL	99 - OTHER /	UNKNOWN						
NARRATIVE	.,										
I ANTONOGO SONOGO S	veling northbound	on CR 35. Unit	t #1 struck the IR 70 ove	ernass with				î			
the top of the v	ehicle. Unit #1 fled	the scene and	was located on IR 70 w	vestbound				Not To Scale	ı		
near mile post	156.						11		円77 回 10 an 10 76 10 数		
						$\mathcal{I}(\Delta)$					
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							1.1				
CRASH REPOR	TED DATE / TIME	DISP	PATCH DATE / TIME	ARE	RIVAL DATE /	TIME	SCENE CLEARED D	DATE / TIME	R	EPORT TAKEN BY	
11/09/2	2021 15:18	11/	/09/2021 15:18	11/	09/2021 1:	5:37	11/09/2021			OLICE AGENCY	
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*			CHECKED BY OFFICER				MOTORIST	
ROADWAY CLOSED	INVESTIGATION TIME	MINUTES	Zaugg, Joshua			Untied, Drew	- ITPINE		Ter	UPPLEMENT	
		440	OFFICER'S BA	ADGE NUMBER*	* CHECKED BY DEFICED'S PADGE AN IMPED* (CORRECTION OR ADDIT					RRECTION OR ADDITION N EXISTING REPORT SENT TO	
118 0677					1547 ODPS)						

Ohio R		LOCAL REPORT NUMBER									
						-0873-30					
4 1	OWNER NAME: LAST, FIRST, LIS TRANSPORT LLC,	MIDDLE (C) SAME AS DRIVER)		OWNE	R PHONE::NCLUDE A	REA CODE ( SAME AS DRIVER)			A M A G E MAGE SCALE		
OWNER AD	DDRESS: STREET, CITY, STATE, 2						1 - NONE	DA	3 - FUNCTIONAL DAMAGE		
≥ 3847 WII	NBERIE COURT, GAH	ANNA, OH, 4323	0				3 2 - MINOR DAMAGE 4 - DISABLING DAI				
	IAL CARRIER: NAME, ADDRES ISPORT LLC, 3847 WI		EALIANNA OLI	Co	MMERCIAL CARRIER PH	IONE: INCLUDE AREA CODE	9 - UNKNOWN				
100	LICENSE PLATE #	PRODUCTION OF STREET	LE IDENTIFICATION #		VEHICLE YEAR	WELMOUS ARRAYS	DAMAGED AREA(S) INDICATE ALL THAT APPLY				
	PMM6915	CONTRACTOR OF THE PROPERTY OF	NE8JT8D4S55086		2013	VEHICLE MAKE HINO	92				
X INSURAN	NCE INSURANCE COMPA		INSURANCE POLICY #		COLOR	VEHICLE MODEL	11 12		11 12		
LALIVERIFIED	PROGRESSIVE  TYPE OF USE		951014122	TOW	WHI ED BY: COMPANY N	OTHER/UNKNOWN	18 11 1	2	10 11 1 2		
COMMER		IN EMERGENCY RESPONSE	US DOT #	NO		NAME	9 9 3	3	9 3		
INTERLO	CK See	# OCCUPANTS VEH	IICLE WEIGHT GVWR/GCWR 1 - ≤ 10K LBS.			JS MATERIAL SS # PLACARD ID #					
DEVICE	HIT/SKIP UNIT	1 1 1	2 - 10,001 - 26K LBS. 3 - > 26K LBS.		ELEASED LACARD I	II	8 / 6 >	/4	7 7 5		
		AN (9-15 SEATS)				PEDESTRIAN/SKATER	6 6	11	12 7 5		
14	(MINIVAN) 8 - MI	OTORCYCLE 2-WHEELED OTORCYCLE 3-WHEELED	14 CINICLE LIMIT			WHEELCHAIR (ANY TYPE)	10		12 1 2		
UNIT TYPE	WELDING E	JTOCYCLE MOPED OR MOTORIZED	TRUCK	THER VEH EAVY EQU		OTHER NON-MOTORIST BICYCLE	1	31	0 2		
	4 - PICK UP BI	CYCLE	16 - FARM EQUIPMENT 22 - A			TRAIN Unknown or hit/skip		_ e			
<b>4</b> 0 1	(ATV)	all terrain vehicle /UTV)	17 - MOTORHOME		39-	UNKNOWN OR HIT/SKIP	8	V 3	6 4		
	# OF TRAILING UNITS						11 12	7	5 11 12		
ш >	WAS VEHICLE OPERATING IN AL MODE WHEN CRASH OCCURRE					9 - OTHER/UNKNOWN	10 12	\ 2	10 12		
2 .	1-YES 2-NO 9-OTHER/L		1 - DRIVER ASSISTANCE 4 - PUS 2 - PARTIAL AUTOMATION 5 -		TOMATION		10 2	7	10 2		
	1 - NONE	MODE LEVE	il				9 9 3	3	9 9 3		
1 1	2 · TAXI	6 - BUS - CHARTER/TOL 7 - BUS - INTERCITY	JR 11 - FIRE 12 - MILITARY	16 - FA 17 - M	RM OWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	7 5	74	8 7 5 7		
SPECIAL	3 - ELECTRONIC RIDE SHARING	13 - POLICE 14 - PUBLIC UTILITY	18 - SNOW REMOVAL 19 - TOWING			7 6 5		7 6 5			
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER 10 - AMBULANCE	15 - CONSTRUCTION EQUIP.	20 - SA	FETY SERVICE				6		
	1 - NO CARGO BODY TYPE	4 - LOGGING	7. CDAINICHIDE (CDA)(C)		TROL			1.	2 12 12		
[ b ]	/ NOT APPLICABLE 2 - BUS	5 - INTERMODAL	7 - GRAIN/CHIPS/GRAVEL 8 - POLE	11 - DU 12 - CC	ONCRETE MIXER	99 - OTHER / UNKNOWN	12	-			
BODY	3 - VEHICLE TOWING	CONTAINER CHASSIS 6 - CARGOVAN	9 - CARGO TANK 10 - FLAT BED		JTO TRANSPORTER ARBAGE/REFUSE		9 (1) 3	9	P 3 9 7 3 9 🕸 3		
TYPE	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX						- 1	$\Theta$		
VEHICLE	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	6	6 6		
VEHICLE DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	AC	CIDENT						
	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE	10 - DR	IVEWAY ACCESS	99 - OTHER / UNKNOWN	☐- NO DAMA	(GE[0]	] LJ- UNDERCARRIAGE [ 14 ]		
NON-MOTORIST	MARKED CROSSWALK  2 - INTERSECTION -	MARKED CROSSWAL 5 - TRAVEL LANE -	8 - SIDEWALK	11 - SH	ARED USE PATHS		X - TOP ( 13 )		- ALL AREAS [ 15 ]		
LOCATION AT IMPACT	UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	OTHER LOCATION 6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIR	RST RESPONDER INCIDENT SCENE			ן- UNIT	F NOT AT SCENE[ 16 ]		
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC	15 - W/	ALKING, RUNNING,	21 - STANDING OUTSIDE	INIT	TAL PC	PINT OF CONTACT		
3 .	2 - NON-COLLISION	2 - BACKING 3 - CHANGING LANES	LANE 10 - PARKED		gging, playing Orking	DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DA				
2.571031	3 - STRIKING PRE-CRASH	J 4 - OVERTAKING/PASSIN 5 - MAKING RIGHT TURN			SHING VEHICLE PROACHING OR				UNIT 15 - VEHICLE NOT AT SCENE		
	5 - BOTH STRIKING	6 - MAKING LEFT TURN 7 - MAKING U-TURN	12 - DRIVERLESS 13 - NEGOTIATING A CURVE		AVING VEHICLE ANDING		DIAGRAM 99 - UNKNOWN				
	& STRUCK 9 - OTHER / UNKNOWN	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING		HER NON-MOTORIST	r	15 101				
	1 - NONE	8 - FOLLOWING TOO CLO	SPECIFIED LOCATION  DSE 13 - IMPROPER START FROM	18 - OPE	ERATING DEFECTIVE	23 - OPENING DOOR INTO	TRAFFICWAY FLOW	TR	TRAFFIC CONTROL		
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	/ACDA 9 - IMPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED		JIPMENT AD SHIFTING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY		TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN		
99	4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PASSING	ILLEGALLY  15 - SWERVING TO AVOID	/FAI	LLING/SPILLING ROPER CROSSING	ACTION	2 - TWO-WAY	, 6	2 - SIGNAL 5 - YIELD SIGN		
CONTRIBUTING	G 6 - IMPROPER TURN F - LEFT OF CENTER	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYII	NG IN ROADWAY			_	3 - FLASHER 6 - NO CONTROL		
Z		12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NO	T DISCERNIBLE		# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING  1 - NOT INVLOVED		
SEQUENCE	OF EVENTS		EVENTS				2	1	2 - INVOLVED-ACTIVE CROSSING		
1 26		7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY			23 - STRUCK BY FALLING,			3 - INVOLVED-PASSIVE CROSSING		
	3 - IMMERSION	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	TRA	TOR VEHICLE IN INSPORT	SHIFTING CARGO OR ANYTHING SET IN	UNIT /	40N-N	OTORIST DIRECTION		
2	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN 11 - CROSS CENTERLINE -	15 - PEDALCYCLE 16 - RAILWAY VEHICLE	VEH	RKED MOTOR HCLE	MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE			1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST		
	LOSS OR SHIFT 6 - EQUIPMENT FAILURE	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - FARM 18 - ANIMAL - DEER		PRK ZONE INTENANCE	OBJECT	, , , ,	1 .	3 - EAST 7 - SOUTHEAST		
3	2782276 122 1 20 2	COLLIE	SION WITH FIXED OBJECT - S		JIPMENT		FROM 2 TO		4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN		
4 []	/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES			52 - BUILDING 53 - TUNNEL					
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRI 34 - MEDIAN GUARDRAIL		47 - MA 48 - TRE	ILBOX 5	64 - OTHER FIXED OBJECT	UNIT SPEED		DETECTED SPEED		
5	27 - BRIDGE PIER OR	BARRIER 35 - MEDIAN CONCRETE	41 - OTHER POST, POLE OR SUPPORT	49 - FIRE		9 - OTHER / UNKNOWN	20		1 - STATED / ESTIMATED SPEED		
6	28 - BRIDGE PARAPET	BARRIER 36 - MEDIAN OTHER BARR	42 - CULVERT	MA	INTENANCE JIPMENT		BACTER CREEK	_	1 2 - CALCULATED / EDR		
		37 - TRAFFIC SIGN POST	44 - DITCH	51 - WA			POSTED SPEED		3 - UNDETERMINED		
11	FIRST HARMFUL EVENT	т   1   моз	T HARMFUL EVENT				ı 55 ı		2 - OMDETEKNINED		

O	Philo Paddinaria MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER								
	UNIT #									30-0873-30							
	1		, COURTLAND, T							DATE OF BIRTH					AGE	GENDER	
IST	ADDRESS:	STREET, CITY,								10/04/1987 34  CONTACT PHONE - INCLUDE AREA CODE						М	
OTOR	116 NO	RTH 6TH \$1	TREET , NEWARK, OH, 430	055						Con	ACI FAC	NAE - MCTODE	AREA COL	DE			
NON-M	INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO:	: MEDICAL FACILITY (NAME,	, CITY)	SAFETY EQUIPMENT		OT-COMPLIA	SEATING ANT POSITION		BAG USA	GE EJECTIC	N TRAPPE	
/ NC	5	ву _1_							4		C HELMET			1	1	1	
02	OL STATE	OPERATOR E	LICENSE NUMBER		OFFEN	ISE CHAR	GED	LOCAL	OFFENSE DESCR	IPTION			СІТ	'ATION I			
МОТО	ОН				4511.	.12			OBEYING TR	AFFIC (	ONTRO	OL DEVICES	OF	HP6015	5971109	2021106	
	OL CLASS	ENDORSEME	ENDORSEMENT RESTRICTION SELECT UP TO 3				OHOL / DRUG SUSP		CONDITION	-	_	DL TEST	DRUG		JG TEST(S)		
	4			ВУ	TRACTED		HER DRUG	UANA	1	STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULT	S SELECT UP TO 4	
	UNIT #	NAME: LAST	, FIRST, MIDDLE					50/24 350		T		DATE OF BIRTH		<del>'</del>	AGE	GENDER	
RIST	ADDRESS:	STREET, CITY,	STATE, ZIP							CONT	ACT PHO	ONE - INCLUDE A	AREA COE	DE			
/ NON-MOTORIST	INITIDIES	Includes In															
NOI-NOI	INJURIES	TAKEN BY	MS AGENCY (NAME)		INJURED '	TAKEN TO:	MEDICAL FACILITY (NAME,	CITY)	SAFETY EQUIPMENT USED		T-COMPLIA		AIR	AIR BAG USAGE		N TRAPPED	
			ICENSE NUMBER		OFFERN			Tions			HELMET		$\bot$				
OTORIST	JE STATE	OI ERATOR E	CENSE NOWIBER		OFFENS	SE CHAR	SED	CODE	OFFENSE DESCR	IPTION			СП	ATION N	NUMBER		
$\geq$	OL CLASS	ENDORSEMEN	RESTRICTION SELECT UP TO 3	DRI	VED	ALCO	HOL / DRUG SUSPI		CONOTION	Δ	LCOLIC	N TECT	_	221	C =====		
			Section 103	DIST	TRACTED	-	-		CONDITION	STATUS	TYPE	VALUE	STATUS		G TEST(	(S) Select up to 4	
J.				BY		ОТН	ER DRUG					-					
	UNIT #	NAME: LAST,	, FIRST, MIDDLE								C	DATE OF BIRTH			AGE	GENDER	
1	DDDECE.	STREET, CITY, S	TATE ZID														
ORIS	IDDKESS: :	SIREEI, CITY, S	TATE, ZIP							CONT	ACT PHO	NE - INCLUDE A	AREA COD	JE			
-MO	NJURIES		MS AGENCY (NAME)		INJURED 1	TAKEN TO:	MEDICAL FACILITY (NAME, O	CITY)	SAFETY EQUIPMENT	$\vdash$		SEATING	AIRE	AC HEAC	E EJECTIOI	N TRAPPED	
NON	TAKEN BY				USED					T-COMPLIANT HELMET	NT POSITION	1200	AG USAG	DECHO	IKAPPED		
RIST	OL STATE	TATE OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL OFFENSE DESCRIP				PTION			СП	TATION NUMBER			
MOTORIST / NON-MOTORIST					CODE												
2	DL CLASS	ENDORSEMEN	RESTRICTION SELECT UP TO 3		DRIVER ALCOHOL / DRUG SUSPECTED DISTRACTED ALCOHOL MARUUANA BY OTHER DRUG				CONDITION	ALCOHOL TEST				DRUG		G TEST(S)	
								JANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4	
	חרמו	RIES	SEATING POSITION		AIR BAG		OL CLAS	ss	OL RESTRICT	TION(S	IDPI	VER DISTRA	CTION		TECT CT	ATUC	
-	ATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE 2 - DEPLOY	PLOYED		1 - CLASS A		1 - ALCOHOL INTER	552	1 - NO	OT DISTRACTED			NE GIVEN	1105	
11	USPECTED S LIURY		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY 4 - DEPLOY	YED SIDE		2 - CLASS B		DEVICE 2 - CDL INTRASTATE		ELEC	ANUALLY OPERAT			T REFUSED T GIVEN,		
11	USPECTED N UURY	4 - SECOND - LEFT SIDE FRO			## 3 - CLASS C 3 - CORRECTIVE LI  ## 1 - FARM WAIVER  ** NOT APPLICABLE 4 - REGULAR CLASS 5 - EXCEPT CLASS.**						(TE	MMUNICATION I XTING, TYPING,	DEVICE	CE CONTAMINATED SAMPLE / UNUSABLE			
100			5 - SECOND - MIDDLE 9 - DEPLOYMENT UNKNOWN (O)				(OHIO = D)		6 - EXCEPT CLASS A & CLASS B BUS	503	3 - TA	ALING LKING ON HAND MMUNICATION I		KESULIS KNOWN			
IN	7 - THIRD - LEFT SIDE		E					7 - EXCEPT TRACTOR 8 - INTERMEDIATE L		TRAILER 4 - TALKING ON HAND-H			ELD 3" IEST GIVEN,				
	8 - THIRD - MIDDLE 1 - NO		1 - NOT EIE 2 - PARTIAL	RALLY EJECTED OL ENDORSEMENT 9-14				RESTRICTIONS 9 - LEARNER'S PERM	IIT				ALCOHOL TEST TYPE				
	/TREATED AT SCENE 10 - SLEEPER SECTION 3 - TO		4 - NOT AP	LLY EJECTED				RESTRICTIONS 10 - LIMITED TO DAY	LIGHT				1 - NONE 2 - BLOOD				
3 - P	- POLICE 11 - PASSENGER IN OTHER ENCLOSED CARGO		T	TRAPPED M - MOTORCYCLE				11 - LIMITED TO EMI		8 - OT	SIDE THE VEHICLE THER DISTRACTION TSIDE THE VEHIC	N	3 - URINE 4 - BREATH				
9 - 0	9 - OTHER / UNKNOWN AREA (NON-TRAILING UNIT, 1 - NOT			1 - NOT TRA	ATED BY N - TANKER 13 - MECHANICAL E				EVICES		HER / UNKNOWN	N	5 - OTHER  DRUG TEST TYPE				
	Name and Address of the Owner, where the Owner, which the	UIPMENT	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED B	ANICAL MEANS Q - MOTOR SCOOTER BY				CONTROLS, OR	OTHER	1 - API	CONDITION PARENTLY NORM		1 - NON	NE		
2 - 5	IONE USED HOULDER BI SED	ELT ONLY	14 - RIDING ON VEHICLE				R - THREE-WHEEL MOTORCYCLE	30.50	ADAPTIVE DEVICES)  14 - MILITARY VEHICLES O  15 - MOTOR VEHICLES			YSICAL IMPAIRME OTIONAL (E.G.,	ENT	2 - BLOOD 3 - URINE 4 - OTHER			
3 - L	AP BELT ONE HOULDER &		EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST				S - SCHOOL BUS T - DOUBLE & TRIS		WITHOUT AIR BI	R		RESSED, ANGRY, TURBED)		DRUG	TEST R	ESULT(S)	
U:	SED	AINT SYSTEM	99 - OTHER / UNKNOWN				TRAILERS X - TANKER / HAZI		17 - PROSTHETIC AIE 18 - OTHER	)	4-ILLI 5-FEL	NESS L'ASLEEP, FAINTE	D,		HETAMINES BITURATES		
-1	FORWARD F.											igued, etc. Der the influen	NCE OF	3 - BENZ	ZODIAZEPIN		
-1	REAR FACING	G					GENDER F - FEMALE	R			ALC	DICATIONS / DRU OHOL		5 - COC			
8 - H	ELMET USED	)					M - MALE				9 - OTI	HER / UNKNOWN		7 - OTH			
(E	LBOWS, KN	EES, ETC)					U - OTHER / UNKN	TOMM									
11-1		PEDESTRIAN															
	OTHER / UNI																

OX 7 1 Pm	OE.2. Department of A							LOCAL REPORT NUMBER					
Ohio Part Safer OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER 30-0873-30						
	UNIT # NAME: LAST, FIRST, MIDDLE								8/3-30		GENDER		
	I TOPONICO EN	ST, FIRST, WILDDLE					Di	DATE OF BIRTH					
ADDRESS:	: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	IE - INCLUDE AR	EA CODE				
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N	NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USA	AGE EIECTI	ON TRAPPED		
	TAKEN BY				,		MC HELMET	POSITION	AIR BAG 03/	IGE EJECTIC	JN TRAPPED		
UNIT #	NAME: LA	ST, FIRST, MIDDLE					D/	ATE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
							CONTACT PHON	IL - INCLUDE AR	EA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USA	IGE EJECTIC	ON TRAPPED				
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE						DA	ATE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CIT	r, state, zip					CONTACT PHON	E - INCLUDE AR	EA CODE				
INJURIES	RIES INJURED TAKEN BY EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (N	SAFETY EQUIPMENT	DOT-COMPLIANT POSITION MC HELMET			AGE EJECTIC	N TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE				DA		AGE	GENDER				
ADDRESS:	STREET, CITY	r, state, zip		CONTACT PHONE - INCLUDE AREA CODE									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N.	IAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USA	GE EJECTIO	N TRAPPED		
	INI	URIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG	LISAGE			
1 - FATA	AL		1 - NONE	USED -	1 - FRON	IT - LEFT SIDE		1 - NOT 1					
2 - SUSI	PECTED S	ERIOUS INJURY	VEHICL	E OCCUPANT	1 - NOT DEPLOYED  ER)  2 - DEPLOYED FRONT								
3 - SUSI	PECTED N	INOR INJURY		DER BELT ONLY USED  2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE						
4 - POS	SIBLE INJ	JRY		4 - SECOND - LEFT SIDE			4 - DEPLOYED BO						
5 - NO	APPAREN	T INJURY		DER & LAP BELT USED (MOTORCYCLE PASSI			NGER)	T/SIDE					
	INJURED	TAKEN BY		RESTRAINT SYSTEM - 5 - SECOND - MIDDLE ARD FACING 6 - SECOND - RIGHT SIDE			5 - NOT APPLIC						
	TRANSP			RESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE			9 - DEPLOYMENT UNKN				/N		
	ATED AT S	CENE	REAR F	ACING (MOTORCYCLE SIDE (			AR)		EJECT	JECTION			
2 - EMS			7 - BOOSTE	9 - THIRD - RIGHT SIDE			1 - NOT EJECT						
3 - POLI			8 - HELMET			F TRUCK CAB 2 - PARTIALLY E							
9 - OTH	IER / UNK	NOWN		TIVE PADS USED		SENGER IN OTHE		D					
	GE	NDER	200000000000000000000000000000000000000	/S, KNEES, ETC) CTIVE CLOTHING		RAILING UNIT WITH CAP)	E						
F - FEM	ALE			NG - PEDESTRIAN				TRAPPED					
M - MA	LE			CLE ONLY	1 - NOT TRAPE			ED					
U - OTH	IER / UNK	NOWN	99 - OTHER	/ UNKNOWN		LING UNIT NG ON VEHICLE	EXTERIOR	CATED BY	D BY				
						-TRAILING UNIT)			MECHANICAL MEANS				
						I-MOTORIST ER / UNKNOWN		3 - FREED NON-	E <mark>D BY</mark> N-MECHANICAL ME		ANS		
	ST, FIRST, MIL	DDLE					DA	TE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE				
	ST, FIRST, MIL	DDLE					DA	TE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE		l		
NAME: LAS	ST, FIRST, MIC	DDLE					DA	TE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE AREA	A CODE				