CHIS DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATO	LOCAL REPORT NUMBER*									
PHOTOS TAKEN CH-2 OH-3 LOCAL INFORMATION	2024-00005682									
SECONDARY CRASH PRIVATE PROPERTY BEILDROOK POLICE	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 2 1 - SOLVED 0 1 98 - ANIMAL 1 2 - UNSOLVED 0 1 99 - UNKNOWN									
COUNTY* LOCALITY* 1-CITY 2 9 1 2-VILLAGE Bellbrook	CRASH DATE / TIME * CRASH SEVERITY									
2 9 1 2 - VILLAGE Belibrook ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH LOCATION ROAD NAME	2-SERIOUS INJURY									
2 - SOUTH 3 - EAST WILMINGTON DAYTO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 - MINOR INJURY SUSPECTED								
3 T-WEST	NUMBER PREFIX 1 - NORTH 2 - SOUTH REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE									
3-EAST 7280	3- EAST 4-WEST 7280									
REFERENCE POINT 1 - INTERSECTION 1 - NORTH 1 - NORTH	ROAD TYPE HW-HIGHWAY RD - ROAD	INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH								
3 - MILE POST 4 2 - SOUTH US - FEDERAL US ROUTE AV - AVEN BL - BOULE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES									
DISTANCE FROM REFERENCE UNIT OF MEASURE CR - NUMBERED COUNTY ROUTE CT - COURT	The state of the s	ROADWAY								
7 5 2 2-FEET ROUTE	1-MILES TR-NUMBERED TOWNSHIP DR-DRIVE PI -PIKE WA-WAY									
	CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE							
0 4 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 1 BETWEEN TWO MOTOR	5-BACKING	, 12-SOUTH	I - DIVIDED FLUSH MEDIAN (<4 FEET)							
4 - ON ROADSIDE 12-SHARED USE PATHS OR TRANSPOR' 5 - ON GORE TRAILS 2 - REAR-END	• •	4-WEST	2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN							
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3- HEAD-ON 7 - ON RAMP 14-TOLL BOOTH	9 - OTHER / UNKNOWN	al I	- DIVIDED, RAISED MEDIAN (ANY TYPE)							
8 - OFF RAMP 99 - OTHER / UNKNOWN			O - OTHER/UNKNOWN							
1 - LANE CLOSURE	CATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE	CONTOUR COND	TIONS SURFACE							
WORKERS PRESENT 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 4	WARNING SIGN 2 - ADVANCE WARNING AREA	IG AREA 1-STRAIGHT LEVEL 1-DRY 1-CONCRETE								
4 - INTERMITTENT OR MOVING WORK	☐ 3-TRANSITION AREA 4-ACTIVITY AREA	2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW	2 - BLACKTOP, BITUMINOUS,							
	5 - TERMINATION AREA	4 - CURVE GRADE 4 - ICE	ASPHALT 3 - BRICK/BLOCK							
1- DAYLIGHT 1- CLEAR 6- SN		9 - OTHER/UNKNOWN 5 - SAND, M OIL, GRA	VEL STONE							
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BL	VERE CROSSWINDS OWING SAND, SOIL, DIRT, SNOW	6 - WATER (
7.11	EEZING RAIN OR FREEZING DRIZZLE THER / UNKNOWN	7 - SLUSH 9 - OTHER/U								
NARRATIVE			Indicate the north							
Unknown Unit 1 was traveling southbound on			direction with an "N" on the							
Wilmington Dayton Rd near the address of 7280 Wilmington Dayton Rd prior to entering and inactive			compass diagram.							
construction zone, drove off the roadway, striking										
Downhill Grade street sign. Unit 1 was not present										
the scene of the crash.	L									
Damage to the post has an approximate cost of		0 0110								
\$100.		See OH2								
	-		-							
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE OF FACE PARTY								
0.7012024 2103 07012024 2016 070		7012024 211	REPORT TAKEN BY POLICE AGENCY							
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES MOOFE		ED BY OFFICER'S NAME*								
OFFICER'S BADGE NUI	ABER* CHECKED	OFFICER'S BADGE NUMBER* SUPPLEMENT CORRECTION OR ADDITION OR DESTINATION OF ADDITION OF								
0 6 0 1 1 9 B B 5 0	ВВ	4 2								



2 0 2 4 - 0 0 0 0 5 6 8 2

0 1	UNKNOWN,	RST, MIDDLE (X) SAME AS DRIVERI		OWNE	R PHONE: NO	CLUDE AREA CODE (SAME AS DRIV	R)	DAMAGE					
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE												
3			2 - MINOR DAMAGE 4 - DISABLING DAMAGE										
COMMER	CIAL CARRIER: NAME, ADD	RESS, CITY, STATE, ZIP		Com	IMERCIAL CARRIES	PHONE: INCLUDE AREA CODE	9 - UNKNOWN						
LP STATE	LICENSE PLATE #	VEHICL	E IDENTIFICATION #	NTIFICATION # VEHICLE YEAR VEHICLE MAKE				DAMAGED AREA(S) INDICATE ALL THAT APPLY					
					F I I I	VEHICLE MAKE	12						
INSURA		PANY 1	NSURANCE POLICY #		COLOR	VEHICLE MODEL	- 44 - 4	112 1					
L VERIF							10 11 1	2 10 11 1 2					
СОММЕ	TYPE OF USE	IN EMERGENCY	US DOT #	TOWE	D BY: COMPAN	Y NAME	- 10 2 -	1. / -					
LJoomini	HOME HOVERNMENT	RESPONSE	HICLE WEIGHT GVWR/GCWR		HAZARDO	DUS MATERIAL	⊣°∟ ¦∭ .	J' 'L HOH J'					
DEVICE EQUIP	E 🗶 HIT/SKIP UNI	MODE OF WALLS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.		RELEASED	CLASS# PLACARD ID							
ESTIF			3 - >26K LBS.		PLACARD		7 5	12 7 5					
	1 - PASSENGER CAR 2 - Passenger van (Minivan)	7 - MOTORCYCLE 2-WHEELED			ERY VEHICLE)	23-PEDESTRIAN/SKATER		2					
99	3 - SPORT DELLTEVARIEUR	9 - AUTOCYCLE		0 - OTHER VE	PASSENGERS)	24-WHEELCHAIR (ANY TYPE 25-OTHER NON-MOTORIST	10/	n 1 2					
UNIT TYPE	4 - PICK UP	10-MOPED OR MOTORIZED		1 - HEAVY EQ		26 - BICYCLE	9	9 3 3					
	5 - CARGO VÁN	BICYCLE 11-ALL TERRAINVEHICLE			WITH RIDER OR	27 - TRAIN	 	- <u>- </u>					
iii	6 - VAN (9-15 SEATS)	(ATV / UTV)	17 - MOTORHOME	ANIMAL-L	PRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	✓ [] [] [] ✓					
	# DF TRAILING UNITS						12	7 5 12					
	WAS VEHICLE OPERATING IN ALL MODE WHEN CRASH OCCURRE				VAL AUTOMATION	9 - UNKNOWN	12	2					
1	1-YES 2-NO 9-OTHER/UNK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- HIGH AUTO				2 10 11 2					
	1-160 E-RO 3-UINER/UNA	MODE LEVEL	* - NUTINE MUTUM 5	- rull AU10	JMAI (UN		9 9 3	3 9 9 3 3					
	1 - NONE	6 - BUS - CHARTER/TOUR		6 - FARM		21 - MAIL CARRIER	T - 1811 -	/ \ \ - -/					
	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY		7 - MOWING		99-OTHER/UNKNOWN		4 8 7 5 4					
SPECIAL	4 - SCHOOLTRANSPORT	9 - BUS - OTHER		B - SNOW RE! B - Towing	#6YAL		7	7 6 5					
I GNOTION	5 - BUS -TRANSIT/COMMUTER		15-CONSTRUCTION EQUIPMENT 2		ERVICE PATROL		"	•					
	1 - NO CARGO BODYTYPE	3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER 8	- POLE		12-CONCRETE MEXER	1	12 12 12					
CARGO	/ NOT APPLICABLE	MOTOR VEHICLE	CHASSIS 9	- CARGOTAN	IK	13-AUTOTRANSPORTER	12 0 0						
BODY	2 - BUS	4 - LOGGING	7 COATHOUGH DOME DAVIES	O-FLAT BED		14-GARBAGE/REFUSE	1 . R	9 Julia 9 1 3 3					
TYPE			1. groungent agrover I.	I - DUMP		99 - OTHER/ UNKNOWN							
لـــــــــــــــــــــــــــــــــــــ	1 - TURN SIGNALS	4 - BRAKES		- MOTORTR		99-OTHER/UNKNOWN	6						
VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT 10 DEFECTIVE	3-DISABLED accident	FROM PRIOR			6 6 6					
_	1 therepresents MADVED						NO DAMAGE	[0]UNDERCARRIAGE [14]					
	CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED		- MEDIAN/CF) - Driveway	ROSSING ISLAND	12-FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	D ALL ADDAG (15)					
NON-MOTORIST LOCATION	2 - INTERSECTION - UNMARKED	CROSSWALK	8 - SIDEWALK 11		SE PATHS OR	99-OTHER/UNKNOWN	[]-10P [15]	- ALL AREAS [15]					
AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION		TRAILS			□-UN	IT NOT AT SCENE [16]					
		1 - STRAIGHT AHEAD			ING A CURVE	18-APPROACHING	MITI	AL POINT OF CONTACT					
3	UI	2 - BACKING 3 - Changing Lanes		- ENTERING Specified	OR CROSSING	OR LEAVING VEHICLE 19-Standing	O - NO DAMA						
ACTION	4 - STRUCK PRE-GRASH	A _ OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED 15	- WALKING,		20 - OTHER NON-MOTORIST	9 9 1-12 - REFE	R TO UNIT 15 - VEHICLE NOT AT SCENE					
	5- BOTH STRIKING ACTIONS	5 - MAKING RIGHTTURN	11 - SLOWING OR STOPPED	JOGGING, F	LAYING	21 - STANDING OUTSIDE	DIAGI	RAM 99 - UNKNOWN					
	& STRUCK 9 - Other/ Unknown	6 - MAKING LEFTTURN	311104710	- WORKING - Pushing V	FHICLE	DISABLED VEHICLE 99-OTHER / UNKNOWN	13 - TOP						
_		7 LEET OF OFFICE	IL-DIGITATION					TRAFFIC					
		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA	DADVED BOSTTION	- VISION OBS	STRUCTION G Defective	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL					
			14-STOPPED OR PARKED	EQUIPMEN		22 - NOT DISCERNEBLE 23 - Opening door into	1 - ONE-WAY 2 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN					
	4-RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15-SWERVING TO AVOID	- LOAD SHIF SPILLING	TING/FALLING/	ROADWAY	2 - IWU-WAT	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL					
CIRCUMSTANCES		11 - DROVE OFF ROAD		-IMPROPER	CROSSING	99 - OTHER IMPROPERACTION	F or TUDOUSIAL ANDS						
SEQUENCE		12-IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED					
	PRESIDENCE DA		EVENTS				2	1 2 - INVOLVED-ACTIVE CROSSING					
			11 - CROSS CENTERLINE - 16	- RAILWAY V		22 - WORK ZONE MAINTENANC		3 - INVOLVED-PASSIVE CROSSING					
	2 TRRUCTOCION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TDAVCI	-ANIMAL — -ANIMAL —		EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NO	ON-MOTORIST DIRECTION					
2.3.7	4 - JACKKNIFE	Q . PAN OFF POAD I FET	12 - DOWNHILL RUNAWAY 19	-ANIMAL	OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST					
	5 - CARGO/ EQUIPMENT	TO COOCE MENTAL	13-OTHER HON-COLLISION 20 14-PEDESTRIAN	- MOTOR VEH TRANSPOR		BY A MOTOR VEHICLE	11	2 - SOUTH 6 - NORTHWEST					
31	LOSS OR SHIFT		T. DEDILONDE		TORVEHICLE	24 - OTHER MOVABLE OBJECT	FROM L TO L	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST					
	25-IMPACT ATTENUATOR		WITH FIXED OBJECT -		K	FA IMPRIZATE SALES		9 - OTHER / UNKNOWN					
4	/ CRASH CUSHION			-CURB -Ditch		50-WORK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED	DETECTED COPES					
	26 - BRIDGE OVERHEAD STRUCTURE	33-MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES 45	-EMBANKMI	ENT	51 - WALL	ONLI SPEED	DETECTED SPEED					
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL Barrier	AN LITTE ITY DALE	- FENCE		52 - BUILDING 53 - Tunnel	<u> </u>	3 1 - STATED / ESTIMATED SPEED					
		35-MEDIAN CONCRETE	41-OTHER POST, POLE 4R	- MAILBOX -tree		54 - OTHER FIXED OBJECT		2 - CALCULATED / EDR					
	29 - BRIDGE RAIL 30 - Guardrail Face	BARRIER 36-Median other Barrier	US STIBBUSE	- FIRE HYDR	ANT	99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED					
1 1	FIRST HARMFUL EVEN	2					3 5						
	I AND I FARMITUL EVEN	IMDSEHA	RMFUL EVENT										

OHIO DE OF PUBL	OFF THE SECOND S							2 0 2			0 5	6 8	2			
UNIT # 0 1	1									DATE OF B	IRTH		AGE	GENDER		
ستت	UNKNOWN,															
ADDRESS	: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	E) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT						— DOT C	SEATING	POSITION A	LIR BAG USAGE	EJECTION	TRAPPED		
5 <u>5</u>	BY L							USED 9 9	DOT-Co	LMET 9	9 .	6	1	_1		
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHA	RGED	CODE	OFFENSE DESC	RIPTION			CITATION N	UMBER	•		
DL CLASS	SELECT UP 10 2	T RESTRICTION SELEC		RIVER STRACTED				STATUS TO	OHOL TEST	E STA	DRUG TUS TYPE	RESULT) SELECT UPTO 4			
				9	=	THER DRUG	THEORITA	9	1 1			ę į	1 8	1 11 11		
UNIT#	NAME: LAST,	, FIRST, MIDDLE								DATE OF BI	RTH		AGE	GENDER		
ADDDESS	DIRECT OFFICE										1					
ADDRESS:	: STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUD	E AREA CODE	- i - i		-i -i		
E INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDT	TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED				DOT-COMPLIANT SEATING POSITION AIR BAS USAGE EJECTION					TRAPPED		
ADDRESS:	OPERATOR I	LICENSE NUMBER		OFFENS	OFFENSE CHARGED LOCAL OFFENSE CODE				RIPTION	CITATION N	TATION NUMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC		RIVER STRACTED		OHOL / DRUG SUSF	PECTED	CONDITION	STATUS TY	OHOL TEST	E STA		TEST(S)	SELECT UPTUA		
					=	THER DRUG	(ADDANA						1 7			
UNIT#	NAME: LAST,	FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUD	I ADSA ORDE		<u></u>	بــــا		
									CONTACT	THORE - INCLUD	E AREA COUR		2 198			
ADDRESS:	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Co	MP LIAMS	POSITION A	IR BAG USAGE	EJECTION	TRAPPED		
	DPERATOR I	LICENSE NUMBER		OFFENS	E CBAI				MC HELMET CTTAT				TION MUNICIPAL			
OL STATE		I SENSE NOMBER		OI I ENS	E ONA	FARGED LOCAL OFFENSE DESCRIPTION OF THE PROPERTY OF THE PROPER			RIPTION CITATION NUMBER							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	019	IVER STRACTED	TRACTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE STATU				TEST(S)	SELECT UP 104		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BY		ALCOHOL MARIJUANA OTHER DRUG									e u .		
	RIES	SEATING POSITION		AIR BAG	ē, 4	OL CLAS	S	OL RESTRIC		DRIVER DIS	TRACTION	N T	EST STAT	TUS		
1 - FATAL 2 - SUSPECTED :	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTERI 2 - CDL INTRASTATE	10000000	1 - NOT DISTRACT 2 - MANUALLY OF		1 - NONE 2 - TFST	GIVEN REFUSED			
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LEI	VSES	ELECTRONIC O	COMMUNICATI	ION 3-TEST	GIVEN, CONT			
4 - POSSIBLE IN 5 - No apparen		4 - SECOND - LEFT SIDE	4 - DEPLOY 5 - NOT API	/ED BOTH FROM Plicable	IT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER	4 - FARM WAIVER DIALING; 5 - EXCEPT CLASS A BUS 3 - TALKING ON HANDS-FREF 4 - TEST GIV					Paraletta I		
INJURED	TAKEN BY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE		MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A	A COMMUNICATION DEVICE 5-TEST GIVEN, RESULTS							
I - NOT TRANSPO	ORTED	6 - SECOND - RIGHT SIDE						& CLASS B BUS 7 - EXCEPT TRACTOR	4 - FALKING ON HARD-HELD							
/TREATED AT 2 - EMS	SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION ECTED		H-HAZMAT	MENT	8-INTERMEDIATE I	LICENSE 5 - OTHER ACTIVITY WITH AN							
3 - POLICE		8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE		LLY EJECTED		M - MOTORCYCLE		9- LEARNER'S PERI	MIT	6 - PASSENGER		2 - BL001				
9-OTHER/UNK	NOWN	10 - SLEEPER SECTION	3-TOTALLY			P - PASSENGER N - TANKER		RESTRICTIONS 10-LIMITED TO DAYS	GHT ONLY	7 - OTHER DISTRA		3 - URINE 4 - BREA				
SAFETY E	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER		ENV		Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRA	ICTION OUTSI	DE 5-OTHE	R	86.1		
1 - NONE USED 2 - Shoulder Bi	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRA	RAPPED APPED		R-THREE-WHEEL MA S-SCHOOL BUS	OTORCYCLE	12 - LIMITED - OTHER 13 - MECHANICAL DE		9-OTHER/UNKN	own		JGTEST	TYPE		
3 - LAP BELT ON		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICA	ATED BY NICAL MEANS		T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKE CONTROLS, OR OT	ES, HAND 1 - NONE THER CONDITION 2 - BLOOD							
5 - CHILD RESTR	ILLD RESTRAINT SYSTEM - CARGO AREA 3 - FREED BY			ВУ	ANS X-TANKER/HAZMAT ADAPTI				ADAPTIVE DEVICES) 1 - J		1 - APPARENTLY NORMAL		3 - URINE			
FORWARD FAC 6 - CHILD RESTR		13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR	NUN-ME	CHANIGAL ME.	AN2	GENDER		15 - MOTOR VEHICLES		2 - PHYSICAL IMP. 3 - EMOTIONAL (E	.G., DEPRESSED,	4 - OTHER	2			
REAR FACING		(NON-TRAILING UNIT) 15 - NON-MOTORIST				F-FEMALE M-MALE		AIR BRAKES 16-OUTSIDE MIRROR		ANGRY, DISTURBE 4-ILLNESS		DRUG	TEST RES	SULT(S)		
7 - BOOSTER SEA 8 - HELMET USE		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID		5- FELL ASLEEP, F			ITURATES			
9 - PROTECTIVE (ELBOW, KNEE								18-OTHER		FATIGUED, ETC 6- UNDER THE INI	LUENCE		ODIAZEPINE:	2		
10 - REFLECTIVE										OF MEDICATION / ALCOHOL		4 - CANNA 5 - COCAI	ABINOIDS Ne	Sep.		
1 - LIGHTING - PI / BICYCLE ON									9-OTHER/UNKNOWN				6-OPIATES/OPIOIDS			
9 - OTHER / UNKN	HER / UNKNOWN											7 - OTHER 8 - NEGAT	₹ Tive result	s		

OCCUPANT / WITNESS ADDENDUM							2024	LOCAL REP	ORT NUMBER	6 8	2				
UNIT	#	NAME- 149	ST, FIRST, MIDDLE						1 1 1		1_1	111			
01		UNKNOWN,							DATE OF BIRTH AGE GENDER						
ADDR	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	XDE					
99		*******	Lance					L I I	1 1	1 1					
, 5	- 1	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FA	CILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPE							
UNIT	•	NAME: LAST, FIRST, MIDDLE							E OF BIRTH		AGE	GENDER			
	_														
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
INJURI		INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FA	CILITY (NAME, CITY)	SEATING POSITION AIR BAG USAGE EJECTION TRAPPE								
<u></u>		BŶ					USED	DOT-COMPLIANT MC HELMET							
TENU	*	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER							
ADDRI	ESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
ADDRI															
INJURI	11	INJURED TAKEN By	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAI	CILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
UNIT	-	NAME: LAS	T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER			
											AGE.	GENDER			
ADDRE	ESS: 9	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
S TALLUDY	ree la	M IIIDEB	THE A					L L L	I I		10	1 1			
IMJUKI	1	NJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED SAFETY EQUIPMENT			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
AREI .	31	INJU	RIES	SAFETY	' EQUIPMENT USED		SEATING POS	ITION		AIR BAG US	AGE	(2) [U]			
1 - F/				1 - NONE US	ED - OCCUPANT		T - LEFT SIDE ORCYCLE DRIV	ED)	1 - NOT DE	PLOYED		V 7/4			
30000			RIOUS INJURY NOR INJURY		R BELT ONLY USED	2 - DEPLOYED FRONT									
PERSON.		BLE INJU		3 - LAP BELT	ONLY USED	E 3 - DEPLOYED SIDE E 4 - DEPLOYED BOTH									
1000		PARENT I		4 - SHOULDE	R & LAP BELT USED		ND ~ LEFT SIDI ORCYCLE PASS								
198000		NJURED	TAKEN BY	5 - CHILD RE FORWARD	STRAINT SYSTEM -		ND – MIDDLE ND – RIGHT SIE	5 - NOT APPLICABLE							
1 - N	200	RANSPOR	STATE OF THE PARTY	A DESCRIPTION OF THE PARTY OF T	STRAINT SYSTEM -	7 - THIRI	- LEFT SIDE	9 - DEPLOYMENT UNKNOWN				Vi je			
G2000		TED AT S	CENE	REAR FAC		The second second	ORCYCLE SIDE D – MIDDLE	CAR)	West, A.	EJECTIO	EJECTION				
2 - El				7 - BOOSTER 8 - HELMET			D - RIGHT SIDE		ECTED						
THE STATE		L R / UNKNO	wn		IVE PADS USED		PER SECTION (LLY EJECTE					
100			DER	(ELBOW, I	KNEES, ETC.)	CARG	ENGER IN OTHI O AREA (NON-TR	RAILING UNIT, 4 - NOT APPLICABLE							
F-FE	MAL				IVE CLOTHING		ICK-UPWITH CAF ENGER IN UNE			TRAPPE	n	Jan Barrell			
M - MA	0.500			/ BICYCLE	I – PEDESTRIAN I ONLY	CARG	OAREA	1 - NOTTRAPPED							
U - 0T	HER	/ UNKNOV	VN	99 - OTHER / L	INKNOWN	13 - TRAIL	ING UNIT	EXTERIOR 2 - EXTRICATED BY MECHANICAL							
						(NON-1	TRAILING UNIT)	EXTERIOR	MEANS						
Y	Title.					15 - NON-N 99 - OTHE	MOTORIST R/UNKNOWN		3- FREED MEANS	BY NON-ME	CHANICA				
NAME:	LAST,	FIRST, MIDDI	LE					DATE	OF BIRTH		AGE	GENDER			
4	SS : S	TREET, CITY, S	STATE, ZIP					CONTACT PHONE	INCLUDE AREA COE	 E	Щ				
NAME	1.45-	PIDAY ****	-						F 3 3	-1-1					
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER									
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
NAME:	NAME: LAST, FIRST, MIDDLE					DATE OF DEPART									
						DATE OF BIRTH AGE GENDER									
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE									
									1 1 1			تــــــــــــــــــــــــــــــــــــــ			

