OHIO DEPARTMENT OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION TRAFFIC	CRASH RE	LOCAL REPORT NUMBER*						
X PHOTOS TAKEN OH-2	OH-3 LO	VPD24000787						
SECONDARY CRASH OH-1P	OTHER RE	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL				
☐ PRIVATE	PROPERTY VE	2204	L 2 - UNSOLVED	02	ULL 99 - UNKNOWN			
1 2-VILLAGE	.OCATION: CITY, VI	CRASH DATE / TIME* CRASH SEVERITY						
ROUTE TYPE ROUTE NUMBER PREFIX		05242024 1132 5 2 - SERIOUS INJURY						
CATION	2 - SOUTH 3 - FΔST	ROAD TYPE	3- MINOR INJURY					
ROUTE TYPE ROUTE NUMBER PREFIX	7 T-WL31 -	UGLAS FERENCE ROAD NAME (RO	OAD, MILEPOST, H	OUSE #)	ROAD TYPE	LONGITUDE DE		SUSPECTED 4 - INJURY POSSIBLE
п В			DR	-82.362	20.3	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT DIRECTIO	N I	VON ROUTE TYPE		ROAD TYPE			NTERSECTION RELA	
	IORTH IR - INT	TERSTATE ROUTE(TP)	AL - ALLEY		RD - ROAD	WITHIN INTER	RSECTION OR ON APP	ROACH
3- HOUSE # 2-3 3- E	AST OS-FE	DERAL US ROUTE ATE ROUTE	AV - AVENUE BL - BOULEVARD		SQ - SQUARE ST - STREET	WITHIN INTER	RCHANGE AREA N	NUMBER OF APPROACHES
DISTANCE DISTANC FROM REFERENCE UNIT OF MEAS	CR - NU	MBERED COUNTY ROUTE	CR - CIRCLE CT - COURT		TE - TERRACE TL - TRAIL		ROADWAY	
1-10	MILES TR - NU	MBERED TOWNSHIP UTE	DR - DRIVE		WA - WAY	☐ ROADWAY DIV	IDED	
	ARDS	1	HE - HEIGHTS	PL - PLACE			T	
LOCATION OF FIRST HA	RMFUL EVENT - CROSSOVER			H COLLISION/IMPA 1 - Rear-to-rear	CT	DIRECTION OF TRAVEL		DIAN TYPE ED FLUSH MEDIAN
	0-DRIVEWAY/ALL	E apparatus	TWO MOTOR	5 - BACKING		1 - NORTH 2 - SOUTH	(< 4 F	EET)
J-IN WILDIAN I	1-RAILWAY GRAD 2-SHARED USE P		V LITTOLLS IN	5 - ANGLE 7 - SIDESWIPE, SAN	IE DIRECTION	3 - EAST 4 - WEST	(≥4 F	
5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 1	TRAILS 3-BIKE LANE			3 - SIDESWIPE, OPP 9 - OTHER / UNKNO			1	ED, DEPRESSED MEDIAN ED, RAISED MEDIAN
7 - ON RAMP 1	4-TOLL BOOTH 9-OTHER / UNKNO			(ANY 1 9 - OTHER	TYPE) R/UNKNOWN			
0-011 KAWII		ORK ZONE TYPE	LOCATIO	IN OF CRASH IN W	NRK ZONE	CONTOUR	CONDITIONS	SURFACE
WORK ZONE RELATED	1 - LAN	IE CLOSURE		- BEFORE THE 1ST WARNING SIGN		2	. 1	2
WORKERS PRESENT	1	NE SHIFT/CROSSOVER RK ON SHOULDER	2	- ADVANCE WARNI	NG AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
LAW ENFORCEMENT PRESENT		MEDIAN ERMITTENT OR MOVING W		- TRANSITION ARE. - ACTIVITY AREA	A	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS,
ACTIVE SCHOOL ZONE	5 - OTH			- TERMINATION AR	REA	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT
LIGHT CONDITION		WE	ATHER			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,
1 - DAYLIGHT 1 2 - DAWN/DUSK		1 - CLEAR 7 1 2 - CLOUDY	6 - SNOW 7 - SEVERE	CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDIN	STONE
3 - DARK – LIGHTED ROADWAY		3 - FOG, SMOG, SM	OKE 8-BLOWIN	G SAND, SOIL, DIR			9 - OTHER/UNKNOWN	
4 - DARK – ROADWAY NOT LIG 5 - DARK – UNKNOWN ROADW	I .	4 - RAIN 5 - SLEET, HAIL		IG RAIN OR FREEZ / UNKNOWN	ING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN	u
9 - OTHER / UNKNOWN								
NARRATIVE								Indicate the north direction with
Unit 1 was stationary	•		•	_				an "N" on the compass diagram.
Street near the railroa			•			10001		(†)
northbound on Doug	•			000111111111		1000		5,5540
call. Unit 1's driver sic		•		- 1				_
passenger side mirror	r when Ur	nit 2 attempted	d to pass					-
by Unit 1's left side.								-
				<u> </u>				-
Accident Witness #0			in front	<u> </u>				-
of him, and observed	Unit 1's l	eft side being			T L	Devor	Drive	-
approximately 4 inch	es past th	e double yello	w line on	Street		N-10.		-
the roadway.				Desgles Street	\$2 <u>—4</u> 23			-
CRASH REPORTED DATE / TIME	nis	PATCH DATE / TIME	ΔR	RIVAL DATE/TIME	<u>, II , II , II , I</u>	SCENE CLEARED I	DATE/TIME	REPORT TAKEN BY
05242024 113		$\frac{2 0 2 4}{ 1 1 3 }$				0,5,2,4,2,0,2,4		X POLICE AGENCY
TOTAL TIME OTHER	TOTAL	<u> </u>				リンス(生)と(リンド) CER'S NAME*		MOTORIST
ROADWAY CLOSED INVESTIGATION TI	ME MINUTES	CHRAPCZYNSKI		N A R	EISING,	DALE		SUPPLEMENT (CORRECTION OR ADDITION
0000 0015	0044		BADGE NUMBER	_		BY OFFICER'S BADGE N	UMBER*	TO AN EXISTING REPORT SENT TO ODPS)
			<u> </u>	0	0 4	_ 1 3 1 6 1		



OF PU SAFETY -	BLIC SAFETY UNIT					VPD240	0 0 7 8 7			
UNIT#	OWNER NAME: LAST, FIR	ST, MIDDLE (SAME AS DRIVER)		OWNER PHONE: INCL	UDE AREA CODE (SAME AS DRIVER)	DAMAGE				
	VERMILION LOC DDRESS: STREET, CITY, STATE	CAL SCHOOL DIS	STRICT			1 - NONE	AMAGE SCALE 3 - FUNCTIONAL DAMAGE			
4		RMILION, Ohio	, 44089			2 - MINOR DA				
	CIAL CARRIER: NAME, ADD		,	COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	Ç	- UNKNOWN			
		1					MAGED AREA(S) ATE ALL THAT APPLY			
LP STATE	Q08063		: IDENTIFICATION # A 8 L F 3 5 9	VEHICLE YE. 9 9 0 1 2 0 2	TOTAL ENGINEER STONE STO	42	12			
			NSURANCE POLICY #	COLOR	VEHICLE MODEL	11 12 1	11 12 1			
X VERIFI	FITZGIBBON	S ARNOLD & 7	NA5CA00009600		BB Conventiona	10 11 1 2	10 11 1 2			
Сомме	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPAN'	YNAME	10 2	10, 2			
COMINIE	ROTAL GOVERNMENT	VEI	HICLE WEIGHT GVWR/GCWR		US MATERIAL	8 4 —	8 0 4			
INTERI	E HIT/SKIP UNI	#UCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS	I ■ RELEASED	CLASS # PLACARD ID #	8 7 5 4	8 7 5 5			
- EQUIPI	0. 5000740		3 - >26K LBS.	PLACARD		7 6 5	12 7 6			
1.0	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	12 - GOLF CART 13 - SNOWMOBILE	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - Wheelchair (any type)	10	12 2			
19	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE		20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	11 1 1 2				
UNIT TYPE		10 - MOPED OR MOTORIZED Bicycle		21 - HEAVY EQUIPMENT	26 - BICYCLE	9	9 3			
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	78	7 8 5 74			
	# OF TRAILING UNITS	(ATV / UTV)				12 7 6 5 12				
	WAS VEHICLE OPERATING IN AL		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	11 12	6 11 12 1			
2	MODE WHEN CRASH OCCURRED	0?	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	, a vindivalit	10 11 1 2	10 11 1			
	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		9 9 3	3 9 9 3			
	1 - NONE	6 - BUS - CHARTER/TOUR	11-FIRE	16 - FARM	21 - MAIL CARRIER	8 4	8 4			
04	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN	8 7 6 5 4	8 7 5 4			
SPECIAL	3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	8 - BUS – SHUTTLE 9 - BUS – OTHER	13 - POLICE 14 - PUBLIC UTILITY	18 - SNOW REMOVAL 19 - TOWING		7 6 5	7 6			
FONCTION	5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT				12 12 12			
0.0	1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER		8 - POLE	12 - CONCRETE MIXER	12				
CARGO	/ NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING	/ OADOOMANIENOLOGED DOV	9 - CARGO TANK	13 - AUTO TRANSPORTER	a. R.Aa				
BODY Type	2 - 500	4 - Lodding	7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED 11 - DUMP	14 - GARBAGE/REFUSE 99 - Other / Unknown	9 3 9	3 9 7 3 9 8 3			
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTORTROUBLE	99 - OTHER / UNKNOWN					
VEHICLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR	77-OTHER OMNIOWN	ь				
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		- NO DAMAGE [0]			
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE					
NON-MOTORIST	CROSSWALK 2 - INTERSECTION – UNMARKED	4 - MIDBLOCK – MARKED Crosswalk		10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	99 - OTHER / UNKNOWN	☐- TOP [13]	☐ - ALL AREAS [15]			
LOCATION AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	o old in the	TRAILS		UNI	NOT AT SCENE [16]			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD		13 - NEGOTIATING A CURVE	18 - APPROACHING	INITIA	L POINT OF CONTACT			
4	2- NON-COLLISION 3- STRIKING 11	2 - BACKING 3 - Changing Lanes	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	OR LEAVING VEHICLE 19-STANDING	0 - NO DAMAG	E 14 - UNDERCARRIAGE			
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING		15 - WALKING, RUNNING,	20 - OTHER NON-MOTORIST	$\lfloor 1 \rfloor$ 1-12 - REFER	TO UNIT 15 - VEHICLE NOT AT SCENE			
	5 - BOTH STRIKING ACTIONS & STRUCK		11 - SLOWING OR STOPPED In traffic			13 - TOP	99 - UNKNOWN			
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	INTIMATTIO	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		TRAFFIC			
	1 - NONE	7 - LEFT OF CENTER		17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	PARKED POSITION 14 - STOPPED OR PARKED	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN			
U./	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	ILLEGALLY	19 - LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2² - TW0-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CONTRIBUTING CIRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	SPILLING 20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	# os TUDOUGU 1	500 00000000000000000000000000000000000			
	6 - IMPROPERTURN	12 - IMPROPER BACKING		IIII NOI EN ONOGOING		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
SEQUENCE	OF EVENTS		EVENTS			1 1	3 2 - INVOLVED-ACTIVE CROSSING			
	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING			
	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	17 - ANIMAL — FARM 18 - ANIMAL — DEER	23 - STRUCK BY FALLING,	UNIT / NOI	N-MOTORIST DIRECTION			
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19-ANIMAL — OTHER	SHIFTING CARGO OR ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE 24 - Other Movable object	$_{ t from}$ $_2$ $_{ t to}$ $_$	1 3 - EAST 7 - SOUTHEAST			
3		001116101	15-PEDALCYCLE N with FIXED OBJECT	21 - PARKED MOTOR VEHICLE			4 - WEST 8 - SOUTHWEST			
41 1	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
7	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED			
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	SUPPORT	46 - FENCE	52 - BUILDING	j j i i i	1 - STATED / ESTIMATED SPEED			
	28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - OTHER FIXED OBJECT		2 - CALCULATED / EDR			
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER	OR SUPPORT	49 - FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED			
. 1		36 - MEDIAN OTHER BARRIER	42 - CULVERT			25				
	FIRST HARMFUL EVEN	NT L⊥L MOSTH	ARMFUL EVENT							



- (OHIO OF PU SAFETY	DEPARTMENT UBLIC SAFETY SERVICE - PROTECTION		VPD24		ORT NUMBER							
	# TINU	OWNER NAME: LAST, FIRST	_		OWN	ER PHONE: INCI	LUDE AREA CODE (SAME AS DRIVER)			IAGE			
쏡		CITY OF VERMI: DDRESS: STREET, CITY, STATE,						DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAG					
OWNER		LIBERTY AVE VE	_	44089				2 - MINOR DAMAGE 4 - DISABLING DAMAGE					
Θ		CIAL CARRIER: NAME, ADDRE		1100)	Co	MMERCIAL CARRIER	PHONE: INCLUDE AREA CODE		9 - UNK	KNOWN			
					\Box					D AREA(S)			
	LP STATE	LICENSE PLATE #		IDENTIFICATION #		VEHICLE YE	AND STATE OF THE PROPERTY OF T	INDIC	AILAL	L THAT APPLY			
		NCE INSURANCE COMPA		<u> A 4 A A O 1 O '</u> ISURANCE POLICY #	7 9 3	(2 0 1 COLOR	O Pierce Manufac	11 12		11 12			
	X VERIF	ED FITZGIBBONS		102S964280TCT	24	RED	Truck	10 12 2		10 12 2			
ı		TYPE OF USE		US DOT #	TOW	ED BY: COMPAN	Y NAME	10 2		10 2			
	COMME	RCIAL X GOVERNMENT 2	70 10 10 10 10 10 10 10 10 10 10 10 10 10		<u> </u>	UAZADDO	DUS MATERIAL	9 3	3	9 3			
ı	INTER	LOCK	#UCCUPANTS	IICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	\Box		CLASS # PLACARD ID #	7 5 74		7 5 7			
	☐ DEVIC EQUIP	E HIT/SKIP UNIT	04	2 - 10,001 - 26K LBS 3 - >26K LBS.		PLACARD		7 6		12 7 6			
ł		1 - PASSENGER CAR		12 - GOLF CART	18 - LIMO (L	IVERY VEHICLE)	23 - PEDESTRIAN / SKATER	6	11	1 6			
ı	1.4			13-SNOWMOBILE		+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	10	11	1 2			
	UNIT TYPE	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED		20 - OTHER V 21 - HEAVY F		25 - OTHER NON-MOTORIST 26 - BICYCLE		10	2 3			
		5 - CARGO VAN	BICYCLE			WITH RIDER OR	27 - TRAIN	_	8				
		6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL	-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7	5 4			
VEHICLE		# of TRAILING UNITS						11 12 1	7	5 11 12 1			
Ħ		WAS VEHICLE OPERATING IN AUT		0 - NO AUTOMATION	3 - CONDITI	ONAL AUTOMATION	9 - UNKNOWN	11 12		11 12			
>	. 2	MODE WHEN CRASH OCCURRED?	0	1 - DRIVER ASSISTANCE	4 - HIGH AU			10 1 1 2 2		10 11 1 2			
	4	1-YES 2-NO 9-OTHER/UNKN	OWN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	5 - FULL AU	IUMAIIUN		9 3 3					
	<u> </u>	1 - NONE 6 - BUS - CHARTER/TO				21 - MAIL CARRIER	8 4		8 4				
	11				17 - MOWING 18 - SNOW REMOVAL		99 - OTHER / UNKNOWN	8 6 5 4		8 6 5 4			
	SPECIAL	UNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTIL			19 - TOWING			7 6 5		7 6			
	. 01101101			15 - CONSTRUCTION EQUIPMENT	IT 20-SAFETY SERVICE PATROL			12	12 12				
	O 1		3 - VEHICLE TOWING ANOTHER		8 - P0LE		12 - CONCRETE MIXER	12	1	1 📻			
				9 - CARGOT		13 - AUTO TRANSPORTER	. 8.8	*					
	BODY Type	BODY 7 - Edding 0 - GARGO VAN ENGLOSED BOY		7 CDAINGUIDC/CDAVE	10 - FLAT BE	:D	14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	9 3 9		3 9 7 3 9 3			
H		1 - TURN SIGNALS	4 - BRAKES			- MOTOR TROUBLE 99 - OTHER / UNKNOWN			7				
	VEHICLE		5 - STEERING			ED FROM PRIOR	99-UINER/ UNKNOWN	6		6 6			
	DEFECTS		6 - TIRE BLOWOUT	DEFECTIVE	ACCIDE	NT		□ NO DAMAGE	- 0.1	_			
j			3 - INTERSECTION – OTHER	6 - BICYCLE LANE	9 - MEDIAN	CROSSING ISLAND	12 - FIRST RESPONDER	☐ - NO DAMAGE		UNDERCARRIAGE [14]			
	NON-MOTORIST	CROSSWALK 7 2 - INTERSECTION – UNMARKED	4 - MIDBLOCK – MARKED Crosswalk			10 - DRIVEWAY ACCESS AT INCIDENT SCENE 11 SHARED LISE BATHS OD 99 - OTHER / UNKNOWN		☐- TOP [13]		- ALL AREAS [15]			
	LOCATION AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11-SHARED TRAILS	1 - SHAKED OSE I ATHS OK		UNIT NOT AT SCENE [16]					
	Amil NVI		1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIA	ATING A CURVE	18-APPROACHING	TAITET	I DOTE	IT OF CONTACT			
	3	2 - NON-COLLISION O	2 - BACKING		14 - ENTERING OR CROSSING		OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST	INITIA 0 - NO DAMA		IT OF CONTACT 14 - Undercarriage			
١	ACTION		CK PRE-CRASH 4 - OVERTAKING/PASSING		SPECIFI 15 - WALKIN	ED LOCATION G, RUNNING,		0.1 1-12 - REFER	TO UNI	IT 15 - VEHICLE NOT AT SCENE			
	VA 17014	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	JOGGINO	G, PLAYING	21 - STANDING OUTSIDE	DIAGR 13 - TOP	AM	99 - UNKNOWN			
١		0 CTDUCK	6 - MAKING LEFT TURN	INTRACTIO		16 - WORKING DISABLED VEHICLE 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN		19 - 10F					
			7 LEET OF CENTER	12-DHIVEREESS					TRA	FFIC			
١			7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA	DARKER ROOTTION		DBSTRUCTION Ing Defective	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY		TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
١	1.0.	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	EQUIPM	ENT	23 - OPENING DOOR INTO	2 - TWO-WAY	6	2 - SIGNAL 5 - YIELD SIGN			
	CONTRIBUTING		10 - IMPROPER PASSING	15 - SWERVING TO AVOID	19 - LOAD SH SPILLIN	HIFTING/FALLING/ IG	ROADWAY 99 - OTHER IMPROPER ACTION		6	3 - FLASHER 6 - NO CONTROL			
T(s)	CIRCUMSTANCE		11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROP	ER CROSSING		# of THROUGH LANES		RAIL GRADE CROSSING			
EVENT(s)	SEQUENCE	E OF EVENTS	7.53					ON ROAD	~	1 - NOT INVOLVED			
ì	20	1 OVERTURNIPOLLOVER	6 - EQUIPMENT FAILURE	EVENTS 11 - CROSS CENTERLINE —	16 - RAILWA	A NERIUL E	22 - WORK ZONE MAINTENANCE		_3	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
١	1 2 0		7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	16 - KAILWA		EQUIPMENT						
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 DOWNILL I DIMAMAV	18 - ANIMAL		23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / NO	N-MOT	ORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
	2		9 - RAN OFF ROAD LEFT 10 - Cross Median	13-OTHER NON-COLLISION	19 - ANIMAL 20 - MOTOR \		ANYTHING SET IN MOTION BY A MOTOR VEHICLE	0	7	2 - SOUTH 6 - NORTHWEST			
	2 '	LOSS OR SHIFT	TO - GUOSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRANSP		24 - OTHER MOVABLE OBJECT	FROM 2 TO		3 - EAST 7 - SOUTHEAST			
			COLLISION	WITH FIXED OBJECT						4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
Į	4	LADAGU GUGUTAN	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB		50 - WORK ZONE MAINTENANCE EQUIPMENT						
١		26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	44 - DITCH 45 - EMBANI	KMENT	51 - WALL	UNIT SPEED		DETECTED SPEED			
	5	CTDIICTIIDE	34 - MEDIAN GUARDRAIL	SUPPORT	46 - FENCE		52 - BUILDING	5_	i	1 - STATED / ESTIMATED SPEED			
		28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBO 48 - TREE	MAILBOX 53 - TUNNEL			_ ["	2 - CALCULATED / EDR 3 - UNDETERMINED			
	6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	OR SUPPORT 42 - CULVERT	49 - FIRE HY	DRANT	99 - OTHER / UNKNOWN	POSTED SPEED) - UNDETERMINED			
	, 1		1					25					
		FIRST HARMFUL EVENT	T LL MOST H	ARMFUL EVENT									

OHIO DEF OF PUBLI SAFETY - SERVI	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST								VDD24000787						
UNIT#	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER					
0.1		,							1,1,1,9,1,9,8,8,0,35, M						
ADDRESS:	STREET, CITY, S	VILLIAM WAYNE TATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE											
1250 9	SANFORD ST, VERMILION, Ohio, 44089										1 1	1 1	1 1		
_	INJURED	EMS AGENCY (NAME)	1110, 4	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)					RUIPMENT SEATING POSITION AIR BAG USAGE EJE				TRAPPED		
5	TAKEN BY								MC HE		<u> 1</u>	_1_	1_1_		
OL STATE	OPERATOR	LICENSE NUMBER		OFFENSE	CHAR	GED	LOCAL CODE	OFFENSE DESC	CRIPTION			N NUMBER			
	******	******													
≥ OL CLASS	SELECT UP TO 2 DIST			DRIVER ALCOHOL / DRUG SUSPECTED CONDITION			CONDITION	STATUS TYPE VALUE STATUS			DRUG TEST(S) S TYPE RESULT SELECT UP TO 4				
	BY			ALCOHOL MARIJUANA 1 OTHER DRUG			1 .	1 1 1 -	1	1	1				
UNIT #	NAME: LAST	, FIRST, MIDDLE				TER BROW		<u> </u>	<u> </u>	DATE OF BIRTH		AGE	GENDER		
0.2	CHARROT	D DOMINIC M							0.6	0.7.1.9	8 9	034	M		
ADDRESS:	STREET, CITY, S	RD DOMINIC M TATE, ZIP								PHONE - INCLUDE AREA C					
20 5511 T.	TREPTV	AVE, VERMILION,	Ohio,	44089							1 1	1 1	1 1		
INJURIES		EMS AGENCY (NAME)	<u> </u>		KENTO:	MEDICAL FACILITY	(NAME, CITY)		□ DOT-Co	SEATING POSITION	AIR BAG US	AGE EJECTION	TRAPPED		
5	BY								MC HE		_11_	1 1 1			
OL STATE	OPERATOR	LICENSE NUMBER		OFFENSE	CHAR	GED	LOCAL CODE	OFFENSE DESC	RIPTION	,	CITATIO	N NUMBER			
**	******	******													
≥ OL CLASS	ENDORSEMEN SELECT UP TO 2	T RESTRICTION SELECT	DIST	/ER TRACTED F	_	HOL / DRUG SUSPE		CONDITION		YPE VALUE		RUG TEST(S YPE RESUL	T SELECT UP TO 4		
	BY			1	=	COHOL MAF HER DRUG	RIJUANA	1 .	1 1	1	1 1	1			
UNIT #	NAME: LAST	, FIRST, MIDDLE			- Therebroa			DATE OF BIRTH AGE GEN				GENDER			
	·														
	L STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA C	DDE				
TOR															
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAI	KENT0:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	□ DOT-Co	SEATING POSITION	AIR BAG US	AGE EJECTION	TRAPPED		
×	BY								∟ МС НЕІ	LMET					
OL STATE	OPERATOR	LICENSE NUMBER		OFFENSE CHARGED LOCAL C <u>od</u> e			OFFENSE DESCRIPTION CI			CITATIO	TATION NUMBER				
			1					ALCOHOL TEST			DRUG TEST(S)				
≥ OL CLASS	SELECT UP TO 2			RACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA		CONDITION	STATUS TY				T SELECT UP TO 4				
				[🕇 оті	HER DRUG				•					
	RIES	SEATING POSITION		IR BAG		OL CLASS	5	OL RESTRIC		DRIVER DISTRACT		TEST ST	ATUS		
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPI 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRACTED 2 - MANUALLY OPERATING		NONE GIVEN TEST REFUSED			
3 - SUSPECTED		2 - FRONT – MIDDLE 3 - Front – Right Side	3 - DEPLOYE			3 - CLASS C		3 - CORRECTIVE LE	NSES	ELECTRONIC COMMUNI DEVICE (TEXTING, TYP	INC 3-	TEST GIVEN, COI			
4 - POSSIBLE IN 5 - NO APPAREN		V 4 - SECOND – LEFT SIDE 5 - NOT ΔΡΡΙ			(OUTO _ D)			4 - FARM WAIVER 5 - EXCEPT CLASS	A BUS	DIALING) 3 - TALKING ON HANDS-FR	4.	4 - TEST GIVEN, RESULTS KNOWN			
INLUDED	TAKEN BY	(MOTORCYCLE PASSENGER) 9 - DEPLOYMENT UN 5 - SECOND – MIDDLE			NT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLA			6 - EXCEPT CLASS		COMMUNICATION DEVI	CE 5-	5 - TEST GIVEN, RESULTS UNKNOWN			
1 - NOT TRANSP		6 - SECOND – RIGHT SIDE		7 - E			& CLASS B BUS 7 - EXCEPT TRACTO	7 - EXCEPT TRACTOR-TRAILER COMM			LCOHOL TE	ST TYPE			
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJEC	ECTION CTED		OL ENDORSEM H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	ΔΝ	NONE	J. 111 E		
3 - POLICE		8 - THIRD - MIDDLE	2 - PARTIALLY EJECT				9 - LEARNER'S PERMIT		6 - PASSENGER		2 - BLOOD 3 - URINE				
9 - OTHER / UNK	NOWN	9 - THIRD – RIGHT SIDE 10 - Sleeper Section	3 - TOTALLY 4 - NOT APPI		SECIED F - FASSENGER					7 - OTHER DISTRACTION INSIDE THE VEHICLE	ACTION				
	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		OTHER			
	I - NONE USED ENCLOSE		1 - NOT TRAF	PPED			THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTH		ER 9 - OTHER / IINKNOWN		DRUG TEST TYPE		TYPE		
3 - LAP BELT ON		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICA	TED BY		S-SCHOOL BUS (SPECIAL BRAK			KES, HAND			1 - NONE 2 - BLOOD			
	LAP BELT USED RAINT SYSTEM –	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED B	NICAL MEANS X - TANKER / HA7MAT		CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL		3 - URINE					
FORWARD FA	ACING	13 - TRAILING UNIT	NON-MEC	CHANICAL MEA	INS	GENDER		14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMEN 3 - EMOTIONAL (E.G., DEPRE		OTHER			
6 - CHILD RESTI REAR FACING	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F - FEMALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANGRY, DISTURBED)	DI	RUG TEST R			
7 - BOOSTER SE		15 - NON-MOTORIST 99 - Other / Unknown				M - MALE U - OTHER / UNKNOWN	17 - PROSTHETIC AID 5 - FEL		5 - FELL ASLEEP, FAINTED,	ILLNESS 1 - AMPHETAM FELL ASLEEP, FAINTED, 2 - BARBITURA)			
8 - HELMET US 9 - PROTECTIVE	PADS USED	,, other, ondown						18 - OTHER		FATIGUED, ETC. 6 - UNDER THE INFLUENCE		BENZODIAZEPIN	IES		
(ELBOW, KNE 10 - REFLECTIVE										OF MEDICATIONS / DRU	GS 4-	CANNABINOIDS COCAINE			
11 - LIGHTING - F	PEDESTRIAN									9 - OTHER / UNKNOWN	6 -	OPIATES / OPIOI	DS		
/ BICYCLE ONLY 99 - OTHER / UNKNOWN												OTHER NEGATIVE RESU	LTS		

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Ũ	OCCUPANT / WITNESS ADDENDUM OCCUPANT / WITNESS ADDENDUM								VPD24000787					
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
	0.2	DOTSON	BRAYDON J					0.7.2.8.1.9.9.9.0.24 M						
	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	5511 LIBERTY AVE, VERMILION, Ohio, 44089													
0	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facilit	ry (name, city)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	5	ВУ				04	MC HELMET	0.4	0.1	_1_	_1_			
	UNIT #	NAME: LAS	T, FIRST, MIDDLE		,		'	DAT	E OF BIRTH		AGE	GENDER		
	LO2 MILES JOHN M							0.4.2.3.1.9.8.7.037. M						
N							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPANT	FF11 +	1 LIBERTY AVE, VERMILION, Ohio, 44089												
8		INJURED	EMS AGENCY (NAME)	N, OHIO,	INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	. 5 .	TAKEN BY				•	USED 0.4	DOT-COMPLIANT MC HELMET	0.6	0.1	. 1	. 1 .		
٥	UNIT #	NAMELLAS	T, FIRST, MIDDLE				UI	DAT	E OF BIRTH		AGE	GENDER		
	0.2							[0,1,2]		0 0	0,3,6,	M		
낡		KUBA D									0,3,0	_ IvI		
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
		IBERTY INJURED	AVE, VERMILIO	N, Ohio,	44089 INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME COL)	SAFETY EQUIPMENT		SEATING POSITION	ATD DAG HEACT	EIECTION	TRAPPED		
	INJUKIE2	TAKEN BY	EWIS AGENCY (NAME)		INJURED TAKEN TO: WEDICAL PACILIT	TY (NAME, CITY)	USED	DOT-COMPLIANT MC HELMET			EJECTION	TRAPPED		
٥		В					0.4	MIC HELMET	0.3	01		L		
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
冒														
	INJURIES	INJURED Taken	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	ry (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		BY						MC HELMET						
ı		INJU	IRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
ı	1 - FATA			1 - NONE US	ED - : OCCUPANT		T – LEFT SIDE ORCYCLE DRIV	FR)	1 - NOT DE	PLOYED				
ı	2 - SUSI	PECTED SE	RIOUS INJURY		PER BELT ONLY USED 2 - FRONT - MIDDLE			2 - DEPLOYED FRONT						
ı			NOR INJURY		LT ONLY USED 3 - FRONT - RIGHT SIDE									
ı		SIBLE INJU			4 - SECOND – LEFT SIDE			EDONIT/OVE						
ı	5 - NO A	PPARENT 1	INJURY		RESTRAINT SYSTEM – 5 - SECOND – MIDDLE			ENGER)	PPLICABLE					
		INJURED	TAKEN BY		RD FACING 6 - SECOND - RIGHT SII						CNOWN			
ı		TRANSPOR			RESTRAINT SYSTEM – 7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE									
ı		EATED AT S	CENE	REAR FA			D – MIDDLE	CAR	1 1107 51	EJECTI	ON			
ı	2 - EMS			7 - BOOSTER			ECTED							
ı	3 - POLI	_	NA/NI	8 - HELMET	IVE PADS USED		PER SECTION (2 - PARTIA					
L	9 - UTHI	ER/UNKNO			KNEES, ETC.)		ENGER IN OTH	DATI THE LINET						
ı			IDER	10 - REFLECT	IVE CLOTHING	BUS, P	PICK-UP WITH CAP	P)						
ı	F - FEMA M - MALE				G – PEDESTRIAN		ENGER IN UNE O AREA							
ı		:R / UNKNO	WN	/ BICYCL			LING UNIT	1 - NOTTRAPPED						
ı				99 - OTHER /	UNKNOWN		IG ON VEHICLE	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS			AL		
ı						15 - NON-I	TRAILING UNIT)		BY NON-MI	Y NON-MECHANICAL				
ı							R / UNKNOWN		MEANS					
ľ	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	WEAVER	WESLEY	Z DAVID					0.9.2.	1 1 9	6.9	0.5.4	M		
Ĭ	WEAVER WESLEY DAVID ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
	1250 SANFORD ST, VERMILION, Ohio, 44089													
S	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE	- INCLUDE AREA CO	DE					
										<u> </u>				
S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDRESS	CTDEET OUT	CTATE 7ID					CONTACT BUONS	THIS UPS ABSA CO					
M	AUUKESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	UE.				

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