OHIO DEPARTMENT OF PUBLIC SAFETY RAFETY - BERVICE - PROTECTION TRAFFIC	CRASH	REPORT*DENOTES	S MANDATORY F	FIELD FOR SUPPLE	EMENT REPORT	L	OCAL REPOR	T NUMBER	*		
OH-2		AL INFORMATION				M-P2503664					
	OTHER REPO	ORTING AGENCY NAME*			NCIC*	HIT/SKIP	NUMBER OF	UNITS	UNIT IN ERROR		
SECONDARY CRASH PRIVATE PRO	PERTY Mt	Vernon Police Depa	rtment		04201	2 1 - SOLVED 2 - UNSOLVED	2		98 - ANIMAL 99 - UNKNOWN		
COUNTY* LOCALITY* LOCALITY	ATION: CITY, VI	ILLAGE, TOWNSHIP*				CRASH DATE/	IME*		SH SEVERITY		
	unt Vernon					11/05/2025 13:	20		FATAL SERIOUS INJURY		
ROUTE TYPE ROUTE NUMBER PREFIX 1	NORTH LOCA	ATION ROAD NAME			ROAD TYPE	LATITUDE			SUSPECTED MINOR INJURY SUSPECTED		
§ 3 3 ·	EAST HIG	SH			ST	40.392567			· INJURY POSSIBLE · PROPERTY		
ROUTE TYPE ROUTE NUMBER PREFIX 1	NORTH REFE	ERENCE ROAD NAME (ROA	D, MILEPOST,	HOUSE #)	ROAD TYPE	LONGITUDE		5	DAMAGE ONLY		
<u>щ</u>	SOUTH EAST WEST EDO	GEWOOD			RD	-82.463851					
REFERENCE POINT DIRECTION		ROUTE TYPE		ROAD TYPE			NTERSECTION	N RELATED)		
1 - INTERSECTION FROM REFERENCE 1 - NOR 2 - SOU	TH IR - INTE		- ALLEY - AVENUE	HW - HIGHWAY LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTER	SECTION OR C	ON APPRO	ACH		
1 2 - MILE POST 2 - SOU 3 - EAS' 4 - WES	SR - STAT	TE ROUTE BL BERED COUNTY CR	- BOULEVARD - CIRCLE	MP - MILEPOST OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTER	CHANGE AREA	A			
DISTANCE DISTANCE	TR - NUM	TE BERED TOWNSHIP DR	- COURT - DRIVE	PI - PIKE	TL - TRAIL WA - WAY		ROAD		R OF APPROACHES		
FROM REFERENCE UNIT OF MEASUR 1 - MILE	s ROU	TE	- HEIGHTS	PL - PLACE				VA I			
2 - FEET 3 - YARI						ROADWAY DI	VIDED				
LOCATION OF FIRST HARM				COLLISION/IMP		DIRECTION OF TRAVEL	1	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN			
2 - ON SHOULDER 10 - D	ROSSOVER RIVEWAY/ALLE`	Y ACCESS 6 BET	WEEN 5	- REAR-TO-REAF - BACKING	₹	1 - NORTH 2 - SOUTH		(< 4 FEET)			
4 - ON ROADSIDE C	AILWAY GRADE ROSSING	· LJ VEH	HICLES IN 7	- ANGLE - SIDESWIPE, SA	AME	3 - EAST 4 - WEST		(>= 4 FEET)			
6 - OUTSIDE TRAFFIC WAY TI	HARED USE PA' RAILS	2 - REA		DIRECTION - SIDESWIPE, OF	PPOSITE		4 -		DEPRESSED MEDIAN RAISE MEDIAN		
8 - OFF RAMP 14 - To	IKE LANE OLL BOOTH THER/UNKNOW	3 - HEA		DIRECTION - OTHER/UNKNO	NWN			OTHER/UN			
99 - 0	THER/UNKNOW	//N									
WORK ZONE RELATED	WO	RK ZONE TYPE	LOCATIO	N OF CRASH IN	WORK ZONE	CONTOUR	CONDIT	IONS	SURFACE		
WORKERS PRESENT	2 - LANE	CLOSURE SHFT/CROSSOVER	V	BEFORE THE 1ST VARNING SIGN		2	1		2		
LAW ENFORCEMENT PRESENT	OR MI	K ON SHOULDER EDIAN	3 - T	ADVANCE WARNI RANSITION ARE							
LAW ENI OKCEWENT PRESENT	WOR			ACTIVITY AREA ERMINATION AR	REA	1 - STRAIGHT	1 - DRY		1 - CONCRETE		
ACTIVE SCHOOL ZONE	5 - OTHE	:R				LEVEL 2 - STRAIGHT	2 - WET 3 - SNOW		2 - BLACKTOP, BITUMINOUS,		
LIGHT CONDITION			WEATHER			GRADE 3 - CURVE LEVEL	4 - ICE 5 - SAND, MU		ASPHALT 3 - BRICK/BLOCK		
1 - DAYLIGHT 2 - DAWN/DUSK		1 - CLEAR 2 - CLOUDY		RE CROSSWIND		4 - CURVE GRADE 9 - OTHER/ UNKNOWN	OIL, GRAV 6 - WATER (S MOVING)		4 - SLAG, GRAVEL, STONE 5 - DIRT		
1 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHT	ED L	2 3 - FOG, SMOG, SMO 4 - RAIN	9 - FREE		UNKNOWN	7 - SLUSH 9 - OTHER/UN	NKNOWN	9 - OTHER/ UNKNOWN			
5 - DARK - UNKNOWN ROADWAY 9 - OTHER/UNKNOWN	LIGHTING	5 - SLEET, HAIL	DRIZZ 99- OTHE	LE R/UNKNOWN			5 611121001		on no		
NARRATIVE				DIAGRAM							
Unit 1 was traveling southbour traveling eastbound on East H											
yield from the stop sign at Eas					1	1 1			(A)		
left rear corner. Unit 1 left the	area withou	it stopping for the co	ollision.		le			r			
						North Edgewood Road			Not To Scale		
								Unit 1	Key:		
						"		Unit 2	- HIDSKIP OHL		
					- f	1			= 2017 Chevrolet Cruze		
					ž 📙	}		◄…	= Direction of travel		
				Unit 2		Unit 2			Oten size		
									= Stop sign		
				East High Street		 (T					
						South Edgewood Road					
					I	II 1					
CRASH REPORTED DATE/TIME	ATCH DATE/TIME	AR	RIVAL DATE/TIM	E	SCENE CLEARED DATE/T		l —	POLICE AGENCY			
11/05/2025 13:35	11/05/202	5 13:43	1	1/05/2025 13:54	ļ		MOTORIST				
TOTAL TIME OTHER ROADWAY CLOSED INVESTIGATION TIME	TOTAL TIME OTHER TOTAL OFFICER'S NAME*					FFICER'S NAME*			SUPPLEMENT		
0 20	36	OFFICER'S BADGE NUME		- ,	CHECKED BY O	FFICER'S BADGE NII	MBER*		(CORRECTION OR ADDITION TO AN EXISTING		
	00	292-23	UMBER* CHECKED BY OF						REPORT SENT TO ODPS)		

OHIO	o Department									
OF F	PUBLIC SAFETY UNIT						M-P250		L REPOR	T NUMBER*
UNIT#	OWNER NAME: LAST, F	FIRST, MIDDLE (SAME AS DRIVER)	OWNE	R PHONE: INCLUDE A	REA CODE SAME AS DRIVER			DAMA	
1 OWNER AI	DDRESS: STREET, CITY,	STATE, ZIP (SAME AS DRIVER)				9	1 - NONE 2 - MINOR DAM	AMAGE : //AGE	SCALE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
COMMERC	CIAL CARRIER: NAME, AD	DRESS, CITY, STA	TE, ZIP	СОММ	ERICAL CARRIER PH	IONE: INCLUDE AREA CODE		!	9 - UNKNO	OWN
I D STATE	LICENSE PLATE #	l ven	ICLE IDENTIFICATION #	<u> </u>	VEHICLE YEAR	VEHICLE MAKE		DA INDIC	MAGED A	AREA(S) THAT APPLY
LI GIAIL							11 _	12		11 12 1
INSURA VERIFIE	ED	ANY	INSURANCE POLICY #		COLOR Gray	VEHICLE MODEL	10	12		10 11 1 2
СОММЕ	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWE	D BY: COMPAN		9 9	2 3	3	9 3
INTER DEVICE EQUIF		# OCCUPANTS	1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 ->= 26K LBS.	ΙШ	MATERIAL CLAS RELEASED PLACARD	MATERIAL SS # PLACARD ID #	8 7	4 5 4	12	8 7 6 5
20 UNIT TYPE	2 - PASSENGER VAN (MINIVAN) 8 3 - SPORT UTILITY E VEHICLE 9 4 - PICK UP 10 5 - CARGO VAN	- MOTORCYCLE 2-WHEELED - MOTORCYCLE 3-WHEELED - AUTOCYCLE - MOPED OR MOTORIZED BICYC - ALL TERRAIN VEHICLE (ATV/UTV	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 19 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 21 CLE 22	PASSE - OTHEI - HEAV - ANIMA	ELE) 16+ 24 ENGERS) R VEHICLE 25 Y EQUIPMENT AL WITH RIDER 26 IIMAL-DRAWN 27			10 9 8	11 12 11 10 9 8 8 7 6 6	1 2 2 3 4 5 4 5 12
9 %		9	VEL TOUR 11 - FIRE 16	AUTO 4 - HIGH	OMATION H AUTOMATION L AUTOMATION	- UNKNOWN MAIL CARRIER OTHER/UNKNOWN	10 11 10 9 8 7 7	12 1 2 3 4 5 4	3	10 11 12 1 9 9 9 3 4 7 5 5
SPECIAL FUNCTION	SHARING	8 - BUS - SHUTTLE 9 - BUS - OTHER 0 - AMBULANCE	13 - POLICE 18 14 - PUBLIC UTILITY 19 15 - CONSTRUCTION 20 EQUIPMENT	- TOWIN	TY SERVICE		7	6 5	12	7 6 5
99 CARGO BODY TYPE	TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTO VEHICLE 4 - LOGGING	R CONTAINER CHASSIS 9 6 - CARGO VAN/ 10	- POLE - CARG - FLAT I - DUMP	O TANK 13 - A BED 14 - 0	CONCRETE MIXER AUTO TRANSPORTER GARBAGE/REFUSE OTHER/UNKNOWN	9	3 9	□ 3	9 3
VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK 9 TIRES 10 8 - TRAILER EQUIPMENT DEFECTIVE	- DISAB	R TROUBLE 99 - 0 BLED FROM R ACCIDENT	OTHER/UNKNOWN		6 - NO DAMAGE	[0] [6 6 6 14]
NON-MOTORIST LOCATION AT IMPACT	MARKED CROSSWALK 4 - [†] 2 - INTERSECTION -	- INTERSECTION - OTHER - MIDBLOCK - MARKED CROSSW/ - TRAVEL LANE - OTHER LOCATION	7 - SHOULDER/ ROADSIDE 10	ISLANI - DRIVE	D // WAY ACCESS 99 - ED USE PATHS	- FIRST RESPONDER AT INCIDENT SCENE - OTHER/UNKNOWN] - TOP [13]	_	- ALL AREAS [15]
3 ACTION	1 - NON-CONTACT	- STRAIGHT AHEAD - BACKING - CHANGING LANES - OVERTAKING/ PASSING - MAKING RIGHT TU - MAKING LEFT TUF	LANE 5 9 - LEAVING TRAFFIC 14 - LANE 10 - PARKED JRN 11 - SLOWING OR 15 - N STOPPED IN TRAFFIC 16 -	CURVE ENTERII CROSSI SPECIFI WALKIN JOGGIN WORKIN	NG OR 19 - NG 20 - IED LOCATION IG, RUNNING, 21 - G, PLAYING	APPROACHING OR LEAVING VEHICLE STANDING OTHER NON- MOTORIST STANDING OUTSIDE DISABLED VEHICLE OTHER/UNKNOWN	12	INITIAL 0 - NO DAMA 1-12 - REFER T DIAGRAN 13 - TOP	GE O UNIT	DF CONTACT 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
2 CONTRIBUTION CIRCUMSTANCE	2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED G 6 - IMPROPER TURN 11 ES 1	1 - DROVE OFF ROA	PROM A PARKED 18 POSITION 14 - STOPPED OR PARKED ILLEGALLY 19 ING 15 - SWERVING TO	- OPERA DEFEC EQUIP - LOAD :	ATING CTIVE 22 MENT 23 SHIFTING/ NG/SPILLING 99 DPER	ROADWAY 2 - NOT DISCERNIBLE 3 - OPENING DOOR INTO ROADWAY	2 # OF THRO	1 - ONE-WAY 2 - TWO-WAY	4 :	TRAFFIC CONTROL 1 - ROUNDABOUT4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTRO AIL GRADE CROSSING
SEQUENCI	E OF EVENTS		EVENTS				1 -	2		1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE
1 20	ROLLOVER	6 - EQUIPMENT FAILURE 7 - SEPARATION OF		7 - ANIM	WAY VEHICLE 22 - IAL - FARM IAL - DEER	- WORK ZONE MAINTENANCE EQUIPMENT				CROSSING
2 3	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD L 0 - CROSS MEDIAN	TRAVEL 1 12 - DOWNHILL RUNAWAY2 13 - OTHER NON-	9 - ANIM 0 - MOTO IN TR	IAL - OTHER 23 - OR VEHICLE I RANSPORT (KED MOTOR S CLE I	STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE - OTHER MOVABLE OBJECT	FROM	UNIT / NOI		RIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOW
4		1 - GUARDRAIL END		3 - CURI	B 50 -	- WORK ZONE				
5	CRASH CUSHION 3: 26 - BRIDGE OVERHEAD STRUCTURE 3: 27 - BRIDGE PIER OR ABUTMENT 3: 28 - BRIDGE PARAPET	3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDF BARRIER 5 - MEDIAN CONCRE BARRIER	POST 4 39 - LIGHT/LUMINARIES 4 SUPPORT 4 - UTILITY POLE 4 TE 41 - OTHER POST, POLE 4 OR SUPPORT	6 - FENC 7 - MAIL 8 - TREE	ANKMENT CE 51 - BOX 52 - E 53 - HYDRANT 54 -	MAINTENANCE EQUIPMENT WALL BUILDING TUNNEL OTHER FIXED OBJECT		NIT SPEED		3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
		6 - MEDIAN OTHER BARRIER 1 MOS	42 - CULVERT T HARMFUL EVENT		99 -	OTHER/UNKNOWN		25		

OHIO D	DEPARTMENT												
OF PUE	BLIC SAFETY MERVICE - PROTECTION	OTORIST / NOI	N-MO	TORIS	ST					OCAL REPO	ORT NUMB	ER*	
UNIT#	I NAME I AST	, FIRST, MIDDLE						M-P250		F BIRTH		AGE	GENDER
1		WN. UNKNOWN						07/01/1		IT DIK I FI		56	U
•	S: STREET, CIT									CLUDE AREA CO	DE	130	lo .
UNKNO	OWN, OH 4	43050											
UNKNO INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TA	KEN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT	□ DOT-C		TING POSITION	AIR BAG USA	AGE EJECTION	TRAPPED
NON/ 5	BY						USED 99	MC HE		1	9	4	1
OL STATE	OPERATOR L	LICENSE NUMBER		OFFENS	E CHARGED	LOCAL	OFFENSE DESC	RIPTION			CITATIO	N NUMBER	•
	FNDODOFMENT	DESTRUCTION .	Innu	(FD				AL	COUOL TE			DUC TEST/S	
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED	ALCOHOL / DRUG SUS	ARIJUANA	CONDITION		YPE V			YPE RESUL	T SELECT UP TO 4
	ШШ			9	OTHER DRUG		9		1 .		1	1 🗆 🗆	
UNIT #		, FIRST, MIDDLE							DATE C	F BIRTH	-	AGE	GENDER
2		, ELIZABETH CARO	LINE					09/14/2				18	F
≅	S:STREET, CIT	Y, STATE, ZIP FRL, MOUNT VERNO	ON OH 4	43050				CONTACT	PHONE - I	ICLUDE AREA CO	DE		
INJURIES	INJURED	EMS AGENCY (NAME)) () () () () () () () () () (KEN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY			TING POSITION	AIR BAG USA	AGE EJECTION	TRAPPED
69 WO	TAKEN BY						USED 4	DOT-C		1	1	4	1
	OPERATOR L	LICENSE NUMBER		OFFENS	E CHARGED	LOCAL	OFFENSE DESC	RIPTION			CITATIO	N NUMBER	<u>, — </u>
OH OH	VQ11689	2											
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIST	VER TRACTED	ALCOHOL / DRUG SUS		CONDITION		YPE V			RUG TEST(S	T SELECT UP TO 4
4			BY	1	OTHER DRUG	ARIJUANA	1		1 .		1	╗╟┌┌	
UNIT #	NAME: LAST	, FIRST, MIDDLE							DATE C	F BIRTH		AGE	GENDER
ADDRESS	S:STREET, CIT	Y, STATE, ZIP						CONTACT	PHONE - I	ICLUDE AREA CO	DE	•	1
0	I						In a service						_
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TA	KEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C	OMPLIANT	TING POSITION	AIR BAG USA	AGE EJECTION	TRAPPED
INJURIES OL STATE	OPERATOR I	LICENSE NUMBER		OFFENS	E CHARGED	LOCAL	OFFENSE DESC				CITATIO	N NUMBER	
						CODE							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALCOHOL / DRUG SUS		CONDITION		COHOL TES			RUG TEST(S	T SELECT UP TO 4
			BY	\Box	ALCOHOL M	ARIJUANA			. اَ ـُـّ		֓֟֟֟֝֟֟֝֟֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		
INJU	URIES	SEATING POSITION		AIR BAG	OTHER DRUG	ss	OL RESTRICT	TION(S)	DRIVE	R DISTRACTION		TEST STAT	IUS
1 - FATAL 2 - SUSPECT	TED SERIOUS	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DI 2 - DEPLO	EPLOYED YED FRON	1 - CLASS A 2 - CLASS B		1 - ALCOHOL IN DEVICE	TERLOCK		ISTRACTED ALLY OPERA		NONE GIVEN TEST REFUS	
INJURY 3 - SUSPECT	TED MINOR	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	4 - DEPLO	YED SIDE	3 - CLASS C 4 - REGULAR CL	ASS	2 - CDL INTRAS	ELENSES	COMM	ECTRONIC IUNICATION	3 -	TEST GIVEN,	
INJURY 4 - POSSIBLE 5 - NO APPA	E INJURY RENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		F / SIDE PPLICABLE DYMENT	(OHIO = D) 5 - M/C MOPED (6 - NO VALID OL		4 - FARM WAIVE 5 - EXCEPT CLA 6 - EXCEPT CLA	SS A BUS		E (TEXTING, G, DIALING) NG ON	4 -	SAMPLE / UN TEST GIVEN, KNOWN	
		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	UNKNO				7 - EXCEPT	8	HAND: COMM	S-FREE IUNICATION	5 -	TEST GIVEN, UNKNOWN	RESULTS
	NSPORTED /	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)					TRACTOR-TF 8 - INTERMEDIA RESTRICTIO	TE LICENSE		E NG ON HAND: IUNICATION	-HELD	ALCOHOL TES	T TVDE
TREATED 2 - EMS	O AT SCENE	8 - THIRD - MIDDLE 9 - THIRD - RIGHT	1 - NOT E	JECTED	OL ENDORS	EMENT	9 - LEARNER'S F RESTRICTIO	PERMIT NS	DEVIC 5 - OTHE	E R ACTIVITY W		NONE	STITPE
3 - POLICE 9 - OTHER / I	UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER	2 - PARTIA 3 - TOTAL	ALLY EJECT LY EJECTE	TED M - MOTORCYCL D P - PASSENGER		10 - LIMITED TO I ONLY 11 - LIMITED TO	DAYLIGHT	6 - PASSE	ECTRONIC DE ENGER R DISTRACTIO	3 -	BLOOD URINE BREATH	
		ENCLOSED CARGO AREA (NON-TRAILING	4 - NOT AI	PPLICABLE	N - TANKER Q - MOTOR SCO R - THREE-WHEI		EMPLOYMEN 12 - LIMITED - OT		INSIDE	THE VEHICL	E 5-	OTHER	
SAFETY E	EQUIPMENT	UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN		TRAPPED	MOTORCYCL S - SCHOOL BUS	.E S	13 - MECHANICA (SPECIAL BR HAND CONTI	AKES,		DE THE VEHI R / UNKNOWN			
	ER BELT ONLY	UNENCLOSED CARGO AREA	1 - NOT TE 2 - EXTRIC	RAPPED	T - DOUBLE & TE TRAILERS X - TANKER / HA		OTHER ADAM DEVICES)				1 -	DRUG TEST	TYPE
4 - SHOULDE	ΓONLY USED ER & LAP BELT	13 - TRAILING UNIT 14 - RIDING ON VEHICLE		ANICAL MEA		21407 (1	14 - MILITARY VE ONLY			CONDITION	3 -	BLOOD URINE	
USED 5 - CHILD RE SYSTEM	ESTRAINT - FORWARD	EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST	NON-M MEANS	MECHANICAI S	GENDE	R	15 - MOTOR VEH WITHOUT AII 16 - OUTSIDE MIR	R BRAKES	2 - PHYSI	RENTLY NOR! CAL IMPAIRN IONAL (E.G.,		OTHER	
FACING 6 - CHILD RE	ESTRAINT	99 - OTHER / UNKNOWN			F - FEMALE M - MALE U - OTHER / UNK	NOWN	17 - PROSTHETIO 18 - OTHER		DEPRI DISTU	ESSED, ANGF RBED)	RY,	DRUG TEST RE	SULT(S)
7 - BOOSTEF 8 - HELMET I										SS ASLEEP, FAIN UED, ETC.		AMPHETAMIN BARBITURAT	NES
9 - PROTECT							6 - UNDEI	UED, ETC. R THE INFLUE DICATIONS /	ENCE 3-	BENZODIAZE CANNABINOI	PINES		
ETC.) 10 - REFLECT	TIVE CLOTHING						DRUG	S / ALCOHOL R / UNKNOWN	5 - 1 6 -	COCAINE OPIATES / OF			
11 - LIGHTING PEDESTR ONLY	RIAN / BICYCLE											OTHER NEGATIVE RI	ESULTS
99 - OTHER / I	UNKNOWN												

OHIO DEPARTME OF PUBLIC SAFE SAFETY - SERVICE - PROTEI	TRAFFIC	CRASH	REPORT*DENOTES	MANDATORY	FIELD FOR SUPP	EMENT REPORT	L	OCAL REPORT N	JMBER*	
PHOTOS TAKEN	OH-2	OH-3	AL INFORMATION				M-P2503666			
	OH-1P	OTHER REPO	ORTING AGENCY NAME*			NCIC*	HIT/SKIP	NUMBER OF UNI	TS U	NIT IN ERROR
SECONDARY CR.	PRIVATE PR		Vernon Police Depa	rtment		04201	1 - SOLVED 2 - UNSOLVED CRASH DATE/		CRASI	98 - ANIMAL 99 - UNKNOWN
42 1	1 - CITY	unt Vernon	LLAGE, TOWNOTH				11/05/2025 14	.54	1-	FATAL SERIOUS INJURY
	TE NUMBER PREFIX 1	- NORTH LOCA	ATION ROAD NAME			ROAD TYPE		.54 4		SUSPECTED MINOR INJURY
OCATIO	3	- SOUTH - EAST - WEST CO	SHOCTON			AV	40.402173		4 -	SUSPECTED INJURY POSSIBLE PROPERTY
ROUTE TYPE ROUT	E NUMBER PREFIX 1		RENCE ROAD NAME (ROA	D, MILEPOST,	HOUSE #)	ROAD TYPE	LONGITUDE			DAMAGE ONLY
REFERE	3	FACT	ODLAKE			TL	-82.448534			
REFERENCE POIN	FROM REFEREN	CE ID INTE	ROUTE TYPE	ALLEY	ROAD TYPE	DD DOAD	I	INTERSECTION RE		
1 - INTERSECT 2 - MILE POST 3 - HOUSE #		JTH US - FEDE	RAL US ROUTE AV	- ALLEY - AVENUE - BOULEVARD	HW - HIGHWAY LA - LANE MP - MILEPOST	SQ - SQUARE	WITHIN INTER	SECTION OR ON A	APPROA	СН
	4 - WES	CR - NUMI ROUT	BERED COUNTY TE CR CT	- CIRCLE - COURT - DRIVE	OV - OVAL PK - PARKWAY PI - PIKE	TE - TERRACE TL - TRAIL WA - WAY	WITHIN INTER	CHANGE AREA	NUMBER	OF APPROACHES
DISTANCE FROM REFERENCE	UNIT OF MEASUR 1 - MILE	RE ROUT	DEKED LOWINGUID	- HEIGHTS	PL - PLACE	VVA - VVA I		ROADWA	Y	
0.13	1 2 - FEE 3 - YAR	Т					ROADWAY DI	VIDED		
LOCA 1 - ON ROA	TION OF FIRST HARN	FUL EVENT			H COLLISION/IM		DIRECTION OF TRAVEL 1 - NORTH	- I "	IEDIAN IDED FL	TYPE USH MEDIAN
1 2 - ON SHO 3 - IN MEDIA	ULDER 10 - E	RAILWAY GRADE	Y ACCESS 4 BET	WEEN 5	5 - BACKING 6 - ANGLE		2 - SOUTH 3 - EAST	2 - DIV		USH MEDIAN
4 - ON ROA 5 - ON GOR	E 12 - S	ROSSING SHARED USE PA	THS OR TRA	NSPORT	7 - SIDESWIPE, S DIRECTION		4 - WEST	3 - DIV		EPRESSED MEDIAN AISE MEDIAN
6 - OUTSIDE 7 - ON RAM 8 - OFF RAM	P 13 - B	RAILS BIKE LANE OLL BOOTH	2 - REA 3 - HEA	AD-ON	3 - SIDESWIPE, C DIRECTION 9 - OTHER/UNKN			(AN	Y TYPE) IER/UNI	
0 011104		OTHER/UNKNOW	N	•	o menorana	OWN.				
WORK ZONE I	BELATED	WOI	RK ZONE TYPE	LOCATION	ON OF CRASH IN	I WORK ZONE	CONTOUR	CONDITION	s	SURFACE
WORKERS PR		2 - LANE	CLOSURE SHFT/CROSSOVER	1	BEFORE THE 1S WARNING SIGN		1	1		2
	EMENT PRESENT	OR ME		3 -	ADVANCE WARN TRANSITION AR					
	' '	4 - INTER WORK 5 - OTHE			ACTIVITY AREA TERMINATION A	REA	1 - STRAIGHT LEVEL	1 - DRY 2 - WET		1 - CONCRETE 2 - BLACKTOP,
ACTIVE SCHO	OOL ZONE						2 - STRAIGHT GRADE	3 - SNOW 4 - ICE		BITUMINOUS, ASPHALT
LIG 1 - DAYLIGI	HT CONDITION		1 - CLEAR	WEATHER 6 - SNO	W		3 - CURVE LEVEL 4 - CURVE GRADE	5 - SAND, MUD, D OIL, GRAVEL		3 - BRICK/BLOCK 4 - SLAG, GRAVEL,
	LIGHTED ROADWAY	lг		KE 8 - BLOV	EVERE CROSSWINDS OWING SAND, SOIL, DIRT, SNOW OWING SAND, SOIL, DIRT, SNOW OVING OUTPER OF THER OF THE					STONE 5 - DIRT 9 - OTHER/
	ROADWAY NOT LIGHT UNKNOWN ROADWAY		4 - RAIN 5 - SLEET, HAIL	DRIZ	EZING RAIN OR F ZLE ER/UNKNOWN	REEZING		9 - OTHER/UNKN	OWN	UNKNOWN
9-OTHER/	UNKNOWN			99- OTH	ER/UNKINOWN					
NARRATIVE					DIAGRAM					
			ewalk along Coshod ve had a seizure and							
			neast bound across							
			ue and coming to re							_
	is injury to his h			iway						
							Witness 1 Witness 2	_		Not To Scale Key:
								_	Unit	1 = Lacrs electric bike
								_		= William Kinder
								_	₩itne	= Direction of travel
			Unit 1	† Coshocton						
									-	ness 2 = Harris
CRASH REPOR	AR	RRIVAL DATE/TII	ME I	SCENE CLEARED	DATE/TIME	RF	PORT TAKEN BY			
CRASH REPORTED DATE/TIME DISPATCH DATE/TIME A 11/05/2025 14:54 11/05/2025 14:55 11/05/20							1/05/2025 15:42		I —	POLICE AGENCY
TOTAL TIME OTHER TOTAL OFFICER'S NAME*						5:00 11/05/2025 15:42 MOTORIST MOTORIST			MOTORIST	
ROADWAY CLOSED	INVESTIGATION TIME	MINUTES 167	Trowbridge, Justin			CHECKED BY	DEELCEDIS BADOL VIII	MRED*	┨╚┚╓	SUPPLEMENT CORRECTION OR ADDITION TO AN EXISTING
	120	107	292-23	DEK"		CUECKED BA (FFICER'S BADGE NUMBER* ADDITION TO AN EXISTI REPORT SENT TO ODPS			

OHIO DEPARTMENT		
OFFICE AND A STATE UNIT		LOCAL REPORT NUMBER*
UNIT# OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER	M-P2503666 DAMAGE
1 KINDER, WILLIAM THOMAS OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)	DRIVER	DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE
112 MEADOW LN APT D, GAMBIER, OH 43022		3 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERICAL CARRIER PHONE: INCLUDE AREA CODE	9 - UNKNOWN DAMAGED AREA(S)
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION #	VEHICLE YEAR VEHICLE MAKE	INDICATE ALL THAT APPLY
00000000000000000000000000000000000000	LACROSSE E COLOR VEHICLE MODEL	12 12 11 11 11
VERIFIED	White E-BIKE	10 11 1 2
TYPE OF USE US DOT # COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	9 3 3 9 9 3
INTERLOCK DEVICE HIT/SKIP UNIT # OCCUPANTS 1 - <= 10K LBS. 2 - 10 001 - 26K LBS.	HAZARDOUS MATERIAL MATERIAL CLASS # PLACARD ID # RELEASED	8 7 5 4 8 7 5 4
EQUIPPED 3 - >= 26K LBS.	PLACARD	7 6 5 11 12 7 6 5
10 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 19 15 - SEMI-TRACK 15 - SEMI-TRACK 16 - FARM EQUIPMENT 20 16 - FARM EQUIPMENT 20 17 - MOTORHOME 21 21 22 23 24 25 25 25 25 25 25 25	VEHICLE) SKATER BUS (16+ 24 - WHEELCHAIR (ANY PASSENGERS) TYPE) - OTHER VEHICLE - HEAVY EQUIPMENT MOTORIST	10 11 12 2 9 9 9 3 3
5 - CARGO VAN MOTORIZED BICYCLE 22 11 - ALL TERRAIN VEHICLE (ATV/UTV) # OF TRAILING UNITS	- ANIMAL WITH RIDER 26 - BICYCLE OR ANIMAL-DRAWN 27 - TRAIN VEHICLE 99 - UNKNOWN OR HIT/SKIP	8 7 6 5 4
AUTONOMOUS MODE 2 WHEN CRASH OCCURED? 0 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL 9 - UNKNOWN AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	10 11 12 1 2 10 11 12 1 2 10 10 10 12 2 9 9 9 3 3
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17	- FARM 21 - MAIL CARRIER - MOWING 99 - OTHER/UNKNOWN - SNOW REMOVAL	8 4 4 8 7 5 4
SPECIAL 4 - SCHOOL TRANSPORT10 - AMBULANCE 15 - CONSTRUCTION 5 - BUS - TRANSIT /COMMUTER 14 - PUBLIC UTILITY 19 15 - CONSTRUCTION 20 EQUIPMENT	- TOWING - SAFETY SERVICE PATROL	7 6 5
1	POLE 12 - CONCRETE MIXER - CARGO TANK 13 - AUTO TRANSPORTER - FLAT BED 14 - GARBAGE/REFUSE - DUMP 99 - OTHER/UNKNOWN	9 3 9 3 9 3
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK 9	- MOTOR TROUBLE 99 - OTHER/UNKNOWN - DISABLED FROM PRIOR ACCIDENT	
1 - INTERSECTION - 3 - INTERSECTION - 6 - BICYCLE LANE 9 -	MEDIAN/CROSSING 12 - FIRST RESPONDER	- NO DAMAGE [0] UNDERCARRIAGE [14]
NON-MOTORIST 2 - INTERSECTION - MARKED CROSSWALK 8 - SIDEWALK 11 - LOCATION UNMARKED 5 - TRAVEL LANE -	ISLAND AT INCIDENT SCENE DRIVEWAY ACCESS 99 - OTHER/UNKNOWN SHARED USE PATHS OR TRAILS	- TOP [13] - ALL AREAS [15]
CROSSWALK OTHER LOCATION 1 - NON-CONTACT 1 - STRAIGHT AHEAD 8 - ENTERING TRAFFIC 13 - N 2 - NON-COLLISION 2 - BACKING LANE LANE LANE	NEGOTIATING A 18 - APPROACHING OR LEAVING VEHICLE	INITIAL POINT OF CONTACT
1 3 - STRIKING		0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP
9 - OTHER/UNKNOWN 7 - MAKING U-TURN TRAFFIC 16 - V	VORKING 99 - OTHER/UNKNOWN PUSHING VEHICLE	
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START 17 -	VISION OBSTRUCTION 21 - LYING IN	TRAFFIC TRAFFICWAY FLOW TRAFFIC CONTROL
	OPERATING ROADWAY DEFECTIVE 22 - NOT DISCERNIBLE EQUIPMENT 23 - OPENING DOOR	1 - ONE-WAY 1 - ONE-WAY 2 - TWO-WAY 6 3 - FLASHER 6 - NO CONTROL 3 - FLASHER 6 - NO CONTROL 6 - NO CONTROL
	IMPROPER ACTION CROSSING	# OF THROUGH LANES RAIL GRADE CROSSING
SEQUENCE OF EVENTS EVENTS		ON ROAD
1 99 1 - OVERTURN/ 6 - EQUIPMENT 11 - CROSS CENTERLINE 16 ROLLOVER FAILURE OPPOSITE 17	- RAILWAY VEHICLE 22 - WORK ZONE - ANIMAL - FARM MAINTENANCE	4 3 - INVOLVED-PASSIVE CROSSING
3 - IMMERSION UNITS TRAVEL 19 4 - JACKKNIFE 8 - RAN OFF ROAD 12 - DOWNHILL RUNAWAY20	- ANIMAL - DEER EQUIPMENT - ANIMAL - OTHER 23 - STRUCK BY - MOTOR VEHICLE FALLING, SHIFTING	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST
5 - CARGO/EQUIPMENT RIGHT 13 - OTHER NON- LOSS OR SHIFT 9 - RAN OFF ROAD LEFT COLLISION 21	IN TRANSPORT CARGO OR ANYTHING - PARKED MOTOR SET IN MOTION BY A	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST
3 10 - CROSS MEDIAN 14 - PEDESTRIAN 15 - PEDALCYCLE	VEHICLE MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 4 TO 3 4-WEST 8-SOUTHWEST 9-OTHER/UNKNOWN
COLLISION WITH FIXED OBJECT - S' 25 - IMPACT 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 ATTENUATOR/ 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN 44		
CRASH CUSHION 33 - MEDIAN CABLE POST 45 26 - BRIDGE OVERHEAD BARRIER 39 - LIGHT/LUMINARIES 46	- EMBANKMENT EQUIPMENT - FENCE 51 - WALL	UNIT SPEED DETECTED SPEED 1 - STATED/ESTIMATED
	- MAILBOX 52 - BUILDING - TREE 53 - TUNNEL - FIRE HYDRANT 54 - OTHER FIXED	3 SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
6 28 - BRIDGE PARAPET BARRIER OR SUPPORT 29 - BRIDGE RAIL 36 - MEDIAN OTHER 42 - CULVERT	OBJECT 99 - OTHER/UNKNOWN	POSTED SPEED
30 - GUARDRAIL FACE BARRIER 1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT		35
HSY8304 OH1 1/19 [760-0820]		<u> </u>

	~ O UIO	DEPARTMENT											
	OF PU	UBLIC SAFETY	OTORIST / NOI	N-MO	TORIST						AL REPORT NU	JMBER*	
	LINUT #	LAMELLACT	FIDOT MIDDLE						M-P250		DTU	1 405	LOENDED
	UNIT#		, FIRST, MIDDLE						04/00/4	DATE OF BI	кін	AGE	GENDER
	1	KINDER, SS: STREET, CIT	WILLIAM THOMAS						01/22/1	973	E AREA CODE	52	М
	#		I APT D, GAMBIER,	OH 430	22				CONTACT	PHONE - INCLUD	E AREA CODE		
	INJURIES	TAKEN	EMS AGENCY (NAME)			MEDICAL FACILIT		SAFETY EQUIPMENT	DOT-C		_ _	G USAGE EJECTIO	N TRAPPED
	4		MOUNT VERNON F	IRE DE	VERNON	DOED		USED 1	MC HE	LMET		5 4	
	OL STATE	E OPERATOR L	LICENSE NUMBER		OFFENSE CHA	RGED	LOCAL	OFFENSE DESC	KIPTION		CITA	TION NUMBER	
	OL CLAS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER ALC	OHOL / DRUG SUS	PECTED	CONDITION		COHOL TEST YPE VALUE	STATUS	DRUG TEST	(S) JLT SELECT UP TO 4
				BY		ALCOHOL M/ OTHER DRUG	ARIJUANA	9		┐ ┃.			
I	UNIT #	NAME: LAST	, FIRST, MIDDLE			THER DRUG				DATE OF BI	RTH	AGE	GENDER
į	ADDRES	SS: STREET, CIT	Y, STATE, ZIP						CONTACT	PHONE - INCLUD	E AREA CODE		
	INJURIES	SINJURED	EMS AGENCY (NAME)		I	MEDICAL FACILIT	V	SAFETY		SEATING F	ACCITION AIR RAG	G USAGE EJECTIO	N TRAPPED
		TAKEN BY	LING AGENCT (NAIME)		INJURED TAKEN TO	MEDICAL FACILIT	Y (NAME, CITY)	EQUIPMENT USED	DOT-C	OMPLIANT		G USAGE ESECTION	I INAFFED
		E OPERATOR L	ICENSE NUMBER		OFFENSE CHA	ARGED	LOCAL	OFFENSE DESC	CRIPTION		CITA	TION NUMBER	<u> </u>
	OL STATE						CODE						
	OL CLAS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		TRACTED	OHOL / DRUG SUS		CONDITION		COHOL TEST YPE VALUE	STATUS	DRUG TEST	(S) JLT SELECT UP TO 4
				BY	1 1 1 1 1 1 1 1 1	ALCOHOL M/ OTHER DRUG	ARIJUANA			기 .			
	UNIT #	NAME: LAST	, FIRST, MIDDLE			JIIIEK DROG				DATE OF BI	RTH	AGE	GENDER
	ADDRES	SS: STREET, CIT	Y, STATE, ZIP						CONTACT	PHONE - INCLUD	E AREA CODE		
	INJURIES	S INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO	MEDICAL FACILIT	Y(NAME, CITY)	SAFETY EQUIPMENT	□ DOT-C	SEATING F	OSITION AIR BA	G USAGE EJECTIO	N TRAPPED
	INJURIES OL STATE	BY						USED	MC HE] [\prod
	OL STATE	E OPERATOR L	ICENSE NUMBER		OFFENSE CHA	ARGED	LOCAL	OFFENSE DESC	CRIPTION		CITA	TION NUMBER	
	OL CLAS	S ENDORSEMENT	RESTRICTION SELECT	UP TO 3 DRI	VER LAIC	OHOL / DRUG SUS	PECTED		ALO	COHOL TEST		DRUG TEST	(S)
		SELECT UP TO 2			TRACTED	ALCOHOL M	-	CONDITION	STATUS T	YPE VALUE	STATUS		JLT SELECT UP TO 4
						OTHER DRUG				<u> </u>			
ı	1 - FATAL	JURIES	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT D		1 - CLASS A	S	1 - ALCOHOL IN		1 - NOT DISTR	ACTED	1 - NONE GIVE	:N
1	INJURY	CTED SERIOUS CTED MINOR	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLO	OYED FRONT OYED SIDE OYED BOTH	2 - CLASS B 3 - CLASS C 4 - REGULAR CLA	A C C	DEVICE 2 - CDL INTRAS 3 - CORRECTIVI		2 - MANUALLY AN ELECTF COMMUNIC	RONIC	2 - TEST REFU 3 - TEST GIVE CONTAMIN	N,
1	INJURY 4 - POSSIBI		4 - SECOND - LEFT SIDE (MOTORCYCLE	FRONT	F / SIDE PPLICABLE	(OHIO = D) 5 - M/C MOPED C		4 - FARM WAIVE 5 - EXCEPT CLA	R	DEVICE (TE TYPING, DI	EXTING,	SAMPLE / U 4 - TEST GIVE	JNUSABLE
1	5 - NO APP	ARENT INJURY	PASSENGER) 5 - SECOND - MIDDLE	9 - DEPLO UNKNO		6 - NO VALID OL		6 - EXCEPT CLA CLASS B BUS		3 - TALKING O HANDS-FR	EE	KNOWN 5 - TEST GIVE	
ı	INJURE	ED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE					7 - EXCEPT TRACTOR-TF 8 - INTERMEDIA		COMMUNIC DEVICE 4 - TALKING O	N HAND-HELD	UNKNOWN	
	TREATE	ANSPORTED / ED AT SCENE	CAR) 8 - THIRD - MIDDLE	[EJECTION	OL ENDORSE	MENT	RESTRICTIO 9 - LEARNER'S F	NS	COMMUNIC		ALCOHOL T	EST TYPE
1	2 - EMS 3 - POLICE	/ UNKNOWN	9 - THIRD - RIGHT 10 - SLEEPER SECTION OF	1 - NOT E	JECTED ALLY EJECTED	H - HAZMAT M - MOTORCYCLI	E	RESTRICTIO 10 - LIMITED TO I			RONIC DEVICE	1 - NONE 2 - BLOOD 3 - URINE	
1	9-OTHER	/ UINKINOVVIN	TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO		LY EJECTED PPLICABLE	P - PASSENGER N - TANKER		ONLY 11 - LIMITED TO EMPLOYMEN	JT	6 - PASSENGE 7 - OTHER DIS INSIDE THE	TRACTION	4 - BREATH 5 - OTHER	
ı	SAFETY	/ EQUIPMENT	AREA (NON-TRAILING UNIT, BUS, PICK-UP			Q - MOTOR SCOO R - THREE-WHEE MOTORCYCLI	:L	12 - LIMITED - OT 13 - MECHANICA	HER	8 - OTHER DIS			
ı	1 - NONE U		WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO		TRAPPED	S - SCHOOL BUS T - DOUBLE & TR		(SPECIAL BR HAND CONTI OTHER ADAR	ROLS, OR	9 - OTHER / UI	NKNOWN	DRUG TE	ST TYPE
1	USED	LT ONLY USED	AREA 13 - TRAILING UNIT	1 - NOT TI 2 - EXTRIC	CATED BY	TRAILERS X - TANKER / HAZ	ZMAT	DEVICES) 14 - MILITARY VE				1 - NONE 2 - BLOOD	
1	4 - SHOULE USED	DER & LAP BELT	14 - RIDING ON VEHICLE EXTERIOR	3 - FREED	ANICAL MEANS) BY MECHANICAL			ONLY 15 - MOTOR VEH	ICLES	1 - APPARENT		3 - URINE 4 - OTHER	
1	5 - CHILD R SYSTEM FACING	/ - FORWARD	(NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	MEANS		F - FEMALE	{	WITHOUT AII 16 - OUTSIDE MIF 17 - PROSTHETION	RROR	2 - PHYSICAL 3 - EMOTIONA			
1	6 - CHILD R		99 - OTTER / ONKNOWN			M - MALE U - OTHER / UNKI	NOWN	18 - OTHER	AID	DISTURBEI 4 - ILLNESS		DRUG TEST	RESULT(S)
1	7 - BOOSTE 8 - HELMET	ER SEAT ΓUSED								5 - FELL ASLE FATIGUED,	ETC.	1 - AMPHETAN 2 - BARBITUR	ATES
		CTIVE PADS ELBOW, KNEES,								6 - UNDER TH OF MEDICA DRUGS / AI	ATIONS /	3 - BENZODIA 4 - CANNABIN 5 - COCAINE	
	10 - REFLEC 11 - LIGHTIN									9 - OTHER / UI		6 - OPIATES /	OPIOIDS
	ONLY	TRIAN / BICYCLE										8 - NEGATIVE	RESULTS
	99 - OTHER	ONKINOWN											

V.		OHIO DEPARTMENT OCCUPANT / WITNESS ADDENDUM IIT# NAME: LAST, FIRST, MIDDLE								M D250200		PORT NUMB	ER*		
	UNIT	Γ#	NAM	E: LAS	ST, FIRST, MIDDLE					M-P2503666	TE OF BIRTH		AGE	GENDER	
OCCUPANT	ADDI	RESS	S:STRE	ET, CI	TY, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA (CODE			
	INJUR	RIES	INJURE TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTI	ON TRAPPED	
i	UNIT	 「#	NAM	E: LAS	L ST, FIRST, MIDDLE					DA.	TE OF BIRTH	<u>, </u>	AGE	GENDER	
OCCUPANT					TY, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA (CODE			
	INJUR	RIES	INJURE TAKEN BY	:D	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTI	ON TRAPPED	
4	UNIT	 「#	NAM	E: LAS	ST, FIRST, MIDDLE					الـ	TE OF BIRTH		AGE	GENDER	
UPANT	ADD	RESS	S:STRE	ET, CI	TY, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA O	CODE			
200	INJUR	RIES	INJURE	:D	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	_ITY(NAME, CITY)	SAFETY		SEATING POSITION	AIR BAG USA	SE EJECTI	ON TRAPPED	
			TAKEN BY					,	USED	DOT-COMPLIANT MC HELMET					
Ī	UNIT	Γ#	NAM	E: LAS	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
LN.	ADD	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHON	E - INCLUDE AREA	CODE			
OCCUPA															
Ğ	INJUR	NJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL							SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	SE EJECTI	ON TRAPPED	
L	INJURY SAFETY EQUIPMENT USED								SEATING PO	MC HELMET		USAGE			
I	1 - F	ATA	L			1 - NONE USEI VEHICLE O	D -		- LEFT SIDE RCYCLE DRIVE						
ı	2 - 5	SUSF	ECTED	SERI	OUS INJURY		BELT ONLY USED	2 - FRONT		Ν)	DATE OF BIRTH DATE OF BIRTH AGE COMPLIANT DATE OF BIRTH AGE GENDE TPHONE - INCLUDE AREA CODE COMPLIANT ELMET DATE OF BIRTH AGE GENDE TO AIR BAG USAGE LJECTION TRAPPET TO AIR BAG USAGE LJECTION TRAPPET TO AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE 9 - DEPLOYED BY MECHANICAL MEANS TRAPPED 1 - NOT TRAPPED 1 - NOT TRAPPED 1 - NOT TRAPPED 1 - NOT APPLICABLE 9 - DEPLOYED BY MECHANICAL MEANS DATE OF BIRTH AGE GENDE DATE OF BIRTH AGE AGE DATE OF BIRTH AGE AGE DATE OF BIRTH AGE BEATTON TRAPPET TRAPPET AGE AGE DATE OF BIRTH AGE AGE AGE DATE OF BIRTH AGE AGE AGE DATE OF BIRTH AGE AGE AGE AGE AGE AGE AGE AG				
ı					DR INJURY	3 - LAP BELT C		(MOTOR	D - LEFT SIDE RCYCLE PASSE	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH					
ı			SIBLE IN			4 - SHOULDER	& LAP BELT USED	6 - SECON	D - MIDDLE D - RIGHT SIDE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE					
L	5 - N	NO A			TAKEN BY	5 - CHILD RES FORWARD	TRAINT SYSTEM - FACING	(MOTOR	· LEFT SIDE RCYCLE SIDE C · MIDDLE	AR)	5 - NOT APP	PLICABLE			
	1 - N	NOT .			ED / TREATED AT SCENE		TRAINT SYSTEM -	9 - THIRD - 10 - SLEEPE	RIGHT ER SECTION OF			MENT UNKN	OWN		
ı	2 - E	MS				REAR FACI		AREA (1	NON-TRAILING	R ENCLOSED CARGO UNIT, BUS, PICK-UP			ION		
ı	3 - F	POLIC	CE			7 - BOOSTER S 8 - HELMET US		WITH C 12 - PASSEI CARGO	NGÉR IN UNEN	CLOSED)		
ı	9 - 0	OTHE	R / UNI	KNOW	'N	9 - PROTECTIV		13 - TRAILIN		XTERIOR					
ı				GEN	IDER	·	NEES, ETC.)	(NON-T 15 - NON-M	RAILING UNIT) OTORIST		4 - NOT APE	PLICABLE			
ı	F - F					10 - REFLECTIV 11 - LIGHTING -		99 - OTHER	/ UNKNOWN				PED		
ı	M - N		: ER / UNI	(NOW	'N	/ BICYCLE (
ı						99 - OTHER / UN	NKNOWN					ALED BY ME	SHANICA	-	
												BY NON-MEC	HANICAL		
Ī		NAME: LAST, FIRST, MIDDLE HELMS, STANLY TODD									TE OF BIRTH			GENDER	
WITNESS					Y TODD TY, STATE, ZIP					07/01/1990 CONTACT PHON	E - INCLUDE AREA O	CODE	35	М	
S					ST, CARDINGTON	I, OH 43315									
(0			ST, FIR	,							TE OF BIRTH			GENDER	
MINES					NNAH TAYTUM JO	Υ				10/16/1998 CONTACT PHON	E - INCLUDE AREA O	CODE	27	F	
>					AVE, MOUNT VEF	RNON, OH 4	3050								
			ST, FIR								TE OF BIRTH			GENDER	
WITNESS		ELER, HANNAH LEIGH RESS:STREET, CITY, STATE, ZIP													
\$			SS: STREET, CITY, STATE, ZIP OUGLAS ST, CARDINGTON, OH 43315												

OHIO DEPARTM OF PUBLIC SAF	TRAFFIC	CRASH	REPORT*DENOT	ES MANDATORY	' FIELD FOR SUPPL	EMENT REPORT	L	OCAL REPOR	T NUMBER	Q*		
PHOTOS TAKEN	OH-1P	OTHER REP	ORTING AGENCY NAME*			NCIC*	HIT/SKIP	NUMBER OF	UNITS	UNIT IN ERROR		
SECONDARY CR	ASH PRIVATE PR	OPERTY Mt	Vernon Police Dep	partment		04201	1 - SOLVED 2 - UNSOLVED	1	g	98 - ANIMAL 99 - UNKNOWN		
COUNTY* LOCAL	LOC 1 - CITY	ATION: CITY, V	ILLAGE, TOWNSHIP*				CRASH DATE/	IME*		SH SEVERITY - FATAL		
42 1		unt Vernon					11/05/2025 18:	:11		- SERIOUS INJURY SUSPECTED		
ROUTE TYPE ROU	TE NUMBER PREFIX 1	- NORTH LOC	ATION ROAD NAME			ROAD TYPE	LATITUDE			- MINOR INJURY SUSPECTED		
LOCA	3	FACT	anville Road			RD	40.355369			- INJURY POSSIBLE - PROPERTY		
ROUTE TYPE ROU	TE NUMBER PREFIX 1	- NORTH REF	ERENCE ROAD NAME (RO	OAD, MILEPOST	, HOUSE #)	ROAD TYPE	LONGITUDE			DAMAGE ONLY		
EFER	3	E 4 O E	30 Granville Road				-82.495403					
REFERENCE POI			ROUTE TYPE		ROAD TYPE			NTERSECTIO	N RELATE	D		
1 - INTERSEC 2 - MILE POST	TION 1 - NOF	RTH IR - INTE	ERAL US ROUTE \	AL - ALLEY AV - AVENUE	HW - HIGHWAY LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTER	SECTION OR	ON APPRO	ACH		
3 - HOUSE #	3 - EAS 4 - WES	CR - NUM	BERED COUNTY	BL - BOULEVARD CR - CIRCLE CT - COURT	OV - OVAL PK - PARKWAY	TE - TERRACE	WITHIN INTER	CHANGE ARE				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASUR	- INCIV	IBERED TOWNSHIP	DR - DRIVE HE - HEIGHTS	PI - PIKE PL - PLACE	WA - WAY		ROAD		R OF APPROACHES		
	1 - MILE	S ROU	IE .				ROADWAY DI	VIDED				
	3 - YAR	DS						1				
1 - ON ROA	ATION OF FIRST HARN DWAY 9 - 0	ROSSOVER			SH COLLISION/IMI 4 - REAR-TO-REA		DIRECTION OF TRAVEL 1 - NORTH	1	MEDIAI DIVIDED F	N TYPE FLUSH MEDIAN		
2 - ON SHC	3-IN WEDIAN II-KAILWAY GRADE II IWO WOTOR 6-ANGLE								(< 4 FEET) DIVIDED F	LUSH MEDIAN		
4 - ON ROA 5 - ON GOR	DSIDE C	ROSSING SHARED USE PA	AME	4 - WEST	3 -		DEPRESSED MEDIAN					
6 - OUTSID 7 - ON RAM	IP 13 - B	RAILS BIKE LANE	PPOSITE			(ANY TYPE						
8 - OFF RA		OLL BOOTH OTHER/UNKNOV	NWC		9.	· OTHER/UN	NKNOWN					
WORK ZONE	RELATED		CLOSURE		ION OF CRASH IN BEFORE THE 1S		CONTOUR	CONDI	7	SURFACE		
WORKERS PR	RESENT		SHFT/CROSSOVER K ON SHOULDER		WARNING SIGN ADVANCE WARN	IING AREA		_1	_	2		
LAW ENFORC	EMENT PRESENT	4 - INTE	IEDIAN RMITTENT OR MOVING	4 -	TRANSITION ARE ACTIVITY AREA							
ACTIVE SCHO	OOL ZONE	WOR 5 - OTHE		5-	TERMINATION A	REA	1 - STRAIGHT LEVEL	1 - DRY 2 - WET		1 - CONCRETE 2 - BLACKTOP,		
							2 - STRAIGHT GRADE	3 - SNOW 4 - ICE		BITUMINOUS, ASPHALT		
1 - DAYLIG	HT CONDITION		1 - CLEAR	WEATHER 6 - SNO			3 - CURVE LEVEL 4 - CURVE GRADE	5 - SAND, MI	VEL	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,		
	LIGHTED ROADWAY	[2 - CLOUDY 3 - FOG, SMOG, SM	MOKE 8 - BLO		, DIRT, SNOW	9 - OTHER/ UNKNOWN	6 - WATER (MOVING) 7 - SLUSH		STONE 5 - DIRT 9 - OTHER/		
5 - DARK -	ROADWAY NOT LIGHT UNKNOWN ROADWAY		4 - RAIN 5 - SLEET, HAIL	DRIZ	EZING RAIN OR F	REEZING		9 - OTHER/U	NKNOWN	UNKNOWN		
9-OTHER	UNKNOWN			99-011	IER/UNKNOWN							
NA DD 4 T 1/5												
On November	5th 2025 at app	oroximately	6:11 P.M, I was di	spatched	DIAGRAM							
to 8160 Granv	rille Road for a c	leer crash.										
When I arrived	d on scene I me	t with the fa	ther of the owner of	of the car.			(N)					
The vehicle w	as a blue Buick	Lesabre wi	th Ohio registration	n JTA4317.			Not To Scale					
			the gas station and the valid insurance				Road	1				
			e disabling damag				ille Ro	i				
			tely broken. There				Granville	3	 			
			e it was a deer that back on the scene				1	الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ ا				
			that he was traveli					!				
northbound or												
	Photographs were taken of the vehicle and I provided Jacob with the											
	 Jacob already cleared the scen 		his own tow truck t	o the			1	111				
30ene. i men	olealed the SUEL	ie with HO II	artifer incluents.					 				
							1	آ 😅 آ				
CRASH REPOR	Al	RRIVAL DATE/TIN	IE	SCENE CLEARED	DATE/TIME	R	EPORT TAKEN BY					
11/05/2025 18:11 11/05/2025 18:11 11/05/2025 18						1	1/05/2025 18:11			POLICE AGENCY		
1						CHECKED BY C	FFICER'S NAME*		ᄀᆛᆜ	MOTORIST		
ROADWAY CLOSED		MINUTES	Perry, Joshua	MRED*		CHECKED BY C	EEICEDIS DADOF AIII	MREP*	\dashv \sqcup	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING		
	0 0 OFFICER'S BADGE NUMBER* CHECKED 292-15							Y OFFICER'S BADGE NUMBER* (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				

Y8304 OH1 1/19 [760-0820]

~ Outo	DEPARTMENT											
OF PU	UBLIC SAFETY SERVICE - PROTECTION	OTORIST / NOI	N-MO	TORIST	-					AL REPORT NU	JMBER*	
UNIT#	I NAME I ACT	, FIRST, MIDDLE						M-P250	DATE OF B	IDTU	AGE	GENDER
1		RT, JACOB ANDREV	M					01/14/2		IKIH	22	M
ADDRES	SS: STREET, CIT		V						PHONE - INCLUI	DE AREA CODE	22	IVI
18339	HALL DR,	MOUNT VERNON, C)H 4305	0								
18339 INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN	TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT USED 4	DOT-C		— I r	G USAGE EJECTION	TRAPPED
		LICENSE NUMBER		OFFENSE C	HARGED	LOCAL	OFFENSE DESC	☐ MC HE	LMET L		1 1 1 TION NUMBER	
OH OH	TX204594					CODE						
OL CLASS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER AI	LCOHOL / DRUG SUS	PECTED	CONDITION		COHOL TEST	E STATUS	DRUG TEST(S) LT SELECT UP TO 4
4			BY		ALCOHOL M/ OTHER DRUG	ARIJUANA	1		1 .	1		
UNIT #	NAME: LAST	, FIRST, MIDDLE		<u> </u>	1 OTTLER BROO				DATE OF B	IRTH	AGE	GENDER
ADDRES INJURIES	SS: STREET, CIT	Y, STATE, ZIP						CONTACT	PHONE - INCLUI	DE AREA CODE		
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN	TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT	DOT-C	SEATING OMPLIANT	POSITION AIR BAG	G USAGE EJECTION	N TRAPPED
	BY L	IOSNOS AVINOSO		05551105-0			USED	MC HE	LMET			
OL STATE	E OPERATOR L	LICENSE NUMBER		OFFENSE C	HARGED	LOCAL	OFFENSE DESC	CRIPTION		CITA	TION NUMBER	
OL CLASS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIST	VER AI	LCOHOL / DRUG SUS		CONDITION		YPE VALU	E STATUS	DRUG TEST(TYPE RESU	S) LT SELECT UP TO 4
			BY		ALCOHOL M/ OTHER DRUG	ARIJUANA			$\exists .$			
UNIT #	NAME: LAST	F, FIRST, MIDDLE		<u> </u>					DATE OF B	IRTH	AGE	GENDER
ADDRES	SS: STREET, CIT	Y, STATE, ZIP						CONTACT	PHONE - INCLUI	DE AREA CODE		
OT STATE WHO TO STATE WHO STATE W							T					_
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN	TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C		POSITION AIR BAG	G USAGE EJECTION	TRAPPED
Ø OL STATE	E OPERATOR L	LICENSE NUMBER		OFFENSE C	HARGED	LOCAL	OFFENSE DESC	RIPTION		CITA	TION NUMBER	
OL CLASS	S ENDORSEMENT	RESTRICTION SELECT			LCOHOL / DRUG SUS	PECTED	CONDITION	ALC	COHOL TEST		DRUG TEST((S)
	SELECT UP TO 2		DIST	TRACTED	ALCOHOL M	ARIJUANA	CONDITION	STATUS T	YPE VALU	E STATUS	TYPE RESU	LT SELECT UP TO 4
	JURIES	SEATING POSITION		AIR BAG	OTHER DRUG	5	OL RESTRICT	TION(S)	DRIVER DIS	STRACTION	TEST STA	ATUS
1 - FATAL	CTED SERIOUS	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT D		1 - CLASS A 2 - CLASS B		1 - ALCOHOL IN		1 - NOT DISTI		1 - NONE GIVE 2 - TEST REFU	N
	CTED MINOR	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE		YED BOTH	3 - CLASS C 4 - REGULAR CLA	ASS	2 - CDL INTRAS	ELENSES	AN ELECT COMMUNI	CATION	3 - TEST GIVEN CONTAMINA	ATED
4 - POSSIBL 5 - NO APPA	LE INJURY ARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		T / SIDE PPLICABLE DYMENT	(OHIO = D) 5 - M/C MOPED C 6 - NO VALID OL	DNLY	4 - FARM WAIVE 5 - EXCEPT CLA 6 - EXCEPT CLA	SS A BUS	DEVICE (T TYPING, D 3 - TALKING (IALING)	SAMPLE / U 4 - TEST GIVEN KNOWN	
		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	UNKNO				7 - EXCEPT	8	HANDS-FF COMMUNI	REE	5 - TEST GIVEN UNKNOWN	I, RESULTS
1 - NOT TRA	ANSPORTED /	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)					TRACTOR-TE 8 - INTERMEDIA RESTRICTIO	TE LICENSE	DEVICE 4 - TALKING (COMMUNI	ON HAND-HELD CATION	ALCOHOL TE	EST TYPE
2 - EMS 3 - POLICE	D AT SCENE	8 - THIRD - MIDDLE 9 - THIRD - RIGHT	1 - NOT E		OL ENDORSE H - HAZMAT	MENT	9 - LEARNER'S F RESTRICTIO	NS	DEVICE 5 - OTHER AC	CTIVITY WITH RONIC DEVICE	1 - NONE 2 - BLOOD	
	/ UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER	3 - TOTAL	ALLY EJECTED LY EJECTED	M - MOTORCYCLI P - PASSENGER	=	10 - LIMITED TO I ONLY 11 - LIMITED TO	DAYLIGHT	6 - PASSENG 7 - OTHER DI	ER	3 - URINE 4 - BREATH	
		ENCLOSED CARGO AREA (NON-TRAILING	4 - NOT AI	PPLICABLE	N - TANKER Q - MOTOR SCOO R - THREE-WHEE		EMPLOYMEN 12 - LIMITED - OT	HER	INSIDE TH 8 - OTHER DI	E VEHICLE STRACTION	5 - OTHER	
1 - NONE US	EQUIPMENT	UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN	1	[RAPPED	MOTORCYCLI S - SCHOOL BUS		13 - MECHANICA (SPECIAL BR HAND CONTI	AKES,	9 - OTHER / U	THE VEHICLE INKNOWN		
2 - SHOULD USED	DER BELT ONLY	UNENCLOSED CARGO AREA	1 - NOT TE 2 - EXTRIC		T - DOUBLE & TR TRAILERS X - TANKER / HAZ		OTHER ADAM DEVICES)	PTIVE			DRUG TES	T TYPE
	T ONLY USED DER & LAP BELT	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	MECHA 3 - FREED	ANICAL MEANS BY			14 - MILITARY VE ONLY 15 - MOTOR VEH		CONE 1 - APPAREN	TLY NORMAL	2 - BLOOD 3 - URINE 4 - OTHER	
5 - CHILD R SYSTEM	I - FORWARD	(NON-TRAILING UNIT) 15 - NON-MOTORIST	MEANS	IECHANICAL S	GENDER F - FEMALE		WITHOUT AIR 16 - OUTSIDE MIR	R BRAKES RROR	2 - PHYSICAL 3 - EMOTION	IMPAIRMENT AL (E.G.,	4- OTTLK	
FACING 6 - CHILD R SYSTEM		99 - OTHER / UNKNOWN			M - MALE U - OTHER / UNKI	NOWN	17 - PROSTHETIO	CAID	DEPRESSI DISTURBE 4 - ILLNESS	ED, ANGRY, ED)	DRUG TEST F	RESULT(S)
7 - BOOSTE 8 - HELMET	ER SEAT FUSED								5 - FELL ASLE FATIGUED		1 - AMPHETAM 2 - BARBITURA	TES
9 - PROTEC USED (E ETC.)	CTIVE PADS ELBOW, KNEES,								6 - UNDER TH OF MEDIC DRUGS / A		3 - BENZODIAZ 4 - CANNABINO 5 - COCAINE	
10 - REFLEC 11 - LIGHTIN									9 - OTHER / U		6 - OPIATES / C 7 - OTHER	
PEDEST ONLY 99 - OTHER /	RIAN / BICYCLE / UNKNOWN										8 - NEGATIVE F	RESULTS

OHIO DEPARTME OF PUBLIC SAFI SAFETY - SERVICE - PROTE	L	OCAL REPORT NU	MBER*								
DHOTOS TAKEN	OH-2	OH-3	AL INFORMATION			1 - SOLVED 98 -					
PHOTOS TAKEN	OH-1P	OTHER REPO	ORTING AGENCY NAME*			NCIC*		NUMBER OF UNI	rs u	NIT IN ERROR	
SECONDARY CR	PRIVATE PR	OPERTY Mt \	Vernon Police Depa	rtment		04201	2 - UNSOLVED	2		98 - ANIMAL 99 - UNKNOWN	
COUNTY* LOCAL	1 - CITY	ATION: CITY, VI	LLAGE, TOWNSHIP*				CRASH DATE/	ГІМЕ*		I SEVERITY FATAL	
42 1	3 - TOWNSHIP	unt Vernon					11/06/2025 16	:10 5		SERIOUS INJURY SUSPECTED	
ROUTE TYPE ROUT		- SOUTH	ATION ROAD NAME			ROAD TYPE	LATITUDE	_		MINOR INJURY SUSPECTED	
700	4	- EAST - WEST HIG				ST	40.393783		5 -	INJURY POSSIBLE PROPERTY	
ROUTE TYPE ROUT		- SOUTH	RENCE ROAD NAME (ROA	D, MILEPOST,	HOUSE #)	ROAD TYPE				DAMAGE ONLY	
REFE	4	- WEST	CHANIC			ST	-82.488312				
1 - INTERSECT	FROM REFEREN	E ID INTE	ROUTE TYPE RSTATE ROUTE (TP) AL	- ALLEY	ROAD TYPE HW-HIGHWAY	RD - ROAD	l	INTERSECTION RE SECTION OR ON A		CH	
1 2 - MILE POST 3 - HOUSE #		JTH US - FEDE ST SR - STAT	E ROUTE BL		LA - LANE MP - MILEPOST						
DISTANCE	4 - WES	CR - NUMI ROUT	TE CT	- CIRCLE - COURT - DRIVE	OV - OVAL PK - PARKWAY PI - PIKE	TE - TERRACE TL - TRAIL WA - WAY	WITHIN INTER			OF APPROACHES	
FROM REFERENCE	UNIT OF MEASUR	ROU1	BERED TOWNSHIP TE	- HEIGHTS	PL - PLACE			ROADWAY			
105	2 2 - FEE ⁻ 3 - YAR						ROADWAY DI	VIDED			
	TION OF FIRST HARM				H COLLISION/IM		DIRECTION OF TRAVEL	- "	IEDIAN		
1 - ON ROA 2 - ON SHO 3 - IN MEDI	ULDER 10 - D	ROSSOVER RIVEWAY/ALLE	Y ACCESS 7 BET	WEEN 5	FREAR-TO-REA FREAR-TO-REA FREAR-TO-REA	۸R	1 - NORTH 2 - SOUTH 3 - EAST	(< 4	FEET)	USH MEDIAN USH MEDIAN	
3 - IN MEDIA 4 - ON ROA 5 - ON GOR	DSIDE C	:AILWAY GRADE :ROSSING :HARED USE PA ⁻	VEH	6 - ANGLE 7 - SIDESWIPE, S DIRECTION	AME	4 - WEST	(>= 4	FEET)	EPRESSED MEDIAN		
	E TRAFFIC WAY T	RAILS IKE LANE	2 - REA 3 - HEA	3 - SIDESWIPE, C DIRECTION	PPOSITE		4 - DIVI		AISE MEDIAN		
8 - OFF RAM	ИР 14 - T	OLL BOOTH OTHER/UNKNOW		- OTHER/UNKN	OWN		9 - ÒTH	IER/UNÍ	KNOWN		
WORK ZONE	RELATED		RK ZONE TYPE CLOSURE		ON OF CRASH IN BEFORE THE 1S		CONTOUR	CONDITIONS	8	SURFACE	
WORKERS PF	RESENT	2 - LANE	SHFT/CROSSOVER (ON SHOULDER	, i	WARNING SIGN ADVANCE WARN			1		2	
LAW ENFORC	EMENT PRESENT		RMITTENT OR MOVING	4	TRANSITION AR ACTIVITY AREA						
ACTIVE SCHO	OOL ZONE	WORK 5 - OTHE		5-	TERMINATION A	REA	1 - STRAIGHT LEVEL	1 - DRY 2 - WET		1 - CONCRETE 2 - BLACKTOP,	
	HT CONDITION			WEATHER			2 - STRAIGHT GRADE 3 - CURVE LEVEL	3 - SNOW 4 - ICE 5 - SAND, MUD, D	IDT	BITUMINOUS, ASPHALT 3 - BRICK/BLOCK	
1 - DAYLIG	HT		1 - CLEAR	6 - SNO\		20	4 - CURVE GRADE 9 - OTHER/	OIL, GRAVEL 6 - WATER (STAN	,	4 - SLAG, GRAVEL, STONE	
	JUSK LIGHTED ROADWAY ROADWAY NOT LIGHT	[2 - CLOUDY 3 - FOG, SMOG, SMO 4 - RAIN	KE 8 - BLOV	ERE CROSSWINI VING SAND, SOI EZING RAIN OR F	L, DIRT, SNOW	UNKNOWN	MOVING) 7 - SLUSH		5 - DIRT 9 - OTHER/	
	UNKNOWN ROADWAY		5 - SLEET, HAIL	DRIZ		TTELES. TO		9 - OTHER/UNKN	NWC	UNKNOWN	
NARRATIVE					DIAGRAM						
			High Street. Unit 2 was marked parking sp								
			ext to Unit 2. Unit 1	ace. Unit							
	e left rear corne										
						Foster's Pharmacy 207 West High Street Mount Vernon, Ohio 430			٨	lot To Scale	
						Mount vernon, Onio 430	50		Unit 1	Key:	
								<u> </u>	Unit		
					\	Unit 7	%)		= 2003 Toyota Camry	
					_ &		Unit 1	_	4	= Direction of travel	
					\ \			= Business			
				, \ \							
				West High							
						Street					
CRASH REPORTED DATE/TIME DISPATCH DATE/TIME ARRIVA						ΛE	SCENE CLEARED	DATE/TIME	RE	PORT TAKEN BY	
11/06/2025 16:11 11/06/2025 16:25 11/06/2025 16					25 16:33	5 16:33 11/06/2025 16:54 POLICE AGENCY					
TOTAL TIME OTHER TOTAL OFFICER'S NAME*						CHECKED BY C	KED BY OFFICER'S NAME*				
			Trowbridge, Justin			CHECKED BY C	FFICER'S BADGE NII	MBER*	🗀 ;	SUPPLEMENT CORRECTION OR ADDITION TO AN EXISTING	
	0 25 54 OFFICER'S BADGE NUMBER* CHECK						Y OFFICER'S BADGE NUMBER* ADDITION TO AN EXISTING REPORT SENT TO ODPS)				

	F PUBLIC SAFETY UNIT						LOC	AL REPORT NUMBER*
	ETY - MERVICE - PROTECTION O 411						M-P2503684	
UNIT #	OWNER NAME: LAST		SAME AS DRIVER)	OWNER PHON	E: INCLUDE AREA CODE	SAME AS		DAMAGE
2	MATHEWS, DA		0445 40 000 (50)			DRIVER	1 - NONE	DAMAGE SCALE 3 - FUNCTIONAL DAMAGE
	ADDRESS: STREET, CIT OUDON ST, JOH						2 - MINOR D.	
COMME	RCIAL CARRIER: NAME, A	ADDRESS, CITY, ST.	ATE, ZIP	COMMERICAL	CARRIER PHONE: INCLUD	DE CODE		9 - UNKNOWN
	,							DAMAGED AREA(S) ICATE ALL THAT APPLY
LP STATI	E LICENSE PLATE # GUZ1900	4T1BE32K9	HICLE IDENTIFICATION # 93U655339	2003	ELE YEAR VEHICLI Toyota	E MAKE		
INSUF	RANCE INSURANCE COM		INSURANCE POLICY #		DLOR VEHICLE	MODEL	11 12 1	11 12 1
VERIF		ANCE	2067861SFP35	Blue	,		10 11 1	2 10 11 1 2
СОМ	TYPE OF USE MERCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWED BY:	COMPANY NAME		9 9 3	3 9 9 3
INTE	ERLOCK	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR		ZARDOUS MATERIAL RIAL CLASS # PLAC		8 4	
DEV			1 - <= 10K LBS. 2 - 10,001 - 26K LBS.	RELEA PLACA	SED	O7 12	8 6 5	8 7 6 5 4
LQC		7 - MOTORCYCLE	3 - >= 26K LBS. 12 - GOLF CART	18 - LIMO (LIVERY		IAN/	7 6 5	12 7 6
1	2 - PASSENGER VAN	2-WHEELED 8 - MOTORCYCLE	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	VEHICLE)	SKATER 24 - WHEELCH		10 /	11 1 2
UNIT TYP		3-WHEELED 9 - AUTOCYCLE		PASSENGERS 20 - OTHER VEHIC	CLE 25 - OTHER NO		9	10 2 - 3
	5 - CARGO VAN	0 - MOPED OR MOTORIZED BICY	17 - MOTORHOME /CLE		RIDER 26 - BICYCLE	Т		8 4 -
О		1 - ALL TERRAIN VEHICLE (ATV/UT	TV)	VEHICLE	RAWN 27 - TRAIN 99 - UNKNOWI HIT/SKIP	N OR	8 \	7 6 5
	# OF TRAILING UNITS				HIT/SKIP		11 12	5 12 1
VEHICLE	WAS VEHICLE OPERATINAUTONOMOUS MODE	IG IN	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE		N	N	10 11 1	2 10 11 1 2
2	WHEN CRASH OCCURED 1 - YES 2 - NO 9 - OTHER/U	? AUTONO		N 4 - HIGH AUTO 5 - FULL AUTO			10 2	10 2
	1 - NONE	6 - BUS - CHARTER		16 - FARM	21 - MAIL CARRI	IED	9 8 4	9 9 3 4
1	2 - TAXI 3 - ELECTRONIC RIDE	7 - BUS - INTERCIT 8 - BUS - SHUTTLE	Y 12 - MILITARY	17 - MOWING 18 - SNOW REMO	99 - OTHER/UNK		8 7 5	4 8 7 5 4
SPECIA	L SHARING	9 - BUS - OTHER		19 - TOWING			7 6 5	7 6 5
FUNCTIO	ON 5 - BUS - TRANSIT /COMMUTER		EQUIPMENT	PATROL			-	
1	1 - NO CARGO BODY	3 - VEHICLE TOWIN		8 - POLE	12 - CONCRETE		[12]	
CARGO	TYPE / NOT APPLICABLE	ANOTHER MOTO VEHICLE	6 - CARGO VAN/	9 - CARGO TANK 10 - FLAT BED	14 - GARBAGE/F	REFUSE	a. Ma	
BODY	2 - BUS	4 - LOGGING	ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER/UNK	KNOWN	9 3	9 = 3 9 3 3
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK	9 - MOTOR TROU	JBLE 99 - OTHER/UNK	KNOWN	6	
VEHICL	2 - HEAD LAMPS	5 - STEERING 6 - TIRE BLOWOUT	TIRES	10 - DISABLED FR PRIOR ACCID				6 6 6
DEFECT			EQUIPMENT DEFECTIVE				- NO DAMAG	E[0] - UNDERCARRIAGE [14]
	1 - INTERSECTION - : MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE 7 - SHOULDER/	9 - MEDIAN/CROS	SSING 12 - FIRST RES AT INCIDEN		— ☐-TOP[13]	
NON-MOTOR LOCATION	IST 2 - INTERSECTION -			11 - SHARED USE	CCESS 99 - OTHER/UN PATHS	IKNOWN		
AT IMPACT	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION		OR TRAILS			UI	NIT NOT AT SCENE [16]
	1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEA 2 - BACKING	LANE	CURVE	LEAVING V	EHICLE	INITIA	AL POINT OF CONTACT
4	4 - STRUCK 10	3 - CHANGING LANE 4 - OVERTAKING/	LANE	CROSSING	19 - STANDING 20 - OTHER NO	N-	0 - NO DAN	
ACTION	5 - BOTH STRIKING PRE-CRASH & STRUCK ACTIONS			SPECIFIED LOC 5 - WALKING, RUN JOGGING, PLAY	NING, 21 - STANDING	OUTSIDE	7 1-12 - REFER DIAGRA 13 - TOP	
	9 - OTHER/UNKNOWN		TRAFFIC 1	6 - WORKING 7 - PUSHING VEHIO	99 - OTHER/UN		13 - 10F	
								TRAFFIC
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTE 8 - FOLLOWING TO	O FROM A PARKED	18 - OPERATING	ROADWA	·Υ	TRAFFICWAY FLOW	TRAFFIC CONTROL
1	3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED	CLOSE/ACDA 9 - IMPROPER LAN CHANGE	POSITION E 14 - STOPPED OR PARKED ILLEGALLY	DEFECTIVE EQUIPMENT	22 - NOT DISC 23 - OPENING IG/ INTO ROA	DOOR	1 - ONE-WAY 2 - TWO-WAY	6 1 - ROUNDABOUT4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
CONTRIBUT	ring 6 - IMPROPER TURN		SING 15 - SWERVING TO	FALLING/SPILI 20 - IMPROPER				3 - FLASHER 0 - NO CONTROL
(S			KING 16 - WRONG WAY	CROSSING	Action		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
SEQUEN	CE OF EVENTS		EVENTS				2	1 - NOT INVOLVED 2 - INVOLVED PASSING
1 20	1 - OVERTURN/ ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE	16 - RAILWAY VE				3 - INVOLVED-PASSIVE CROSSING
	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION O UNITS		18 - ANIMAL - DE 19 - ANIMAL - OT	ER EQUIPMEN	١T	UNIT / N	ON-MOTORIST DIRECTION
2	4 - JACKKNIFE 5 - CARGO/EQUIPMENT	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWA 13 - OTHER NON-		IICLE FALLING, SI			1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST
	LOSS OR SHIFT	9 - RAN OFF ROAD 10 - CROSS MEDIAN	I 14 - PEDESTRIAN	21 - PARKED MO VEHICLE	MOTOR VEH	HICLE	FROM 7 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
3			15 - PEDALCYCLE	STRUCK	24 - OTHER MC OBJECT	OVABLE	·	9 - OTHER/UNKNOWN
4	25 - IMPACT	31 - GUARDRAIL EN		43 - CURB	50 - WORK ZON			
	ATTENUATOR/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BAR 33 - MEDIAN CABLE BARRIER	RIER 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES	44 - DITCH 45 - EMBANKMEI 46 - FENCE	MAINTENA NT EQUIPMEN 51 - WALL		UNIT SPEED	DETECTED SPEED
5		34 - MEDIAN GUARD BARRIER		46 - FENCE 47 - MAILBOX 48 - TREE	51 - WALL 52 - BUILDING 53 - TUNNEL		0	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR
	ABUTMENT 28 - BRIDGE PARAPET	35 - MEDIAN CONCE BARRIER				KED	POSTED SPEED	2 - CALCULATED/EDR 3 - UNDETERMINED
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER			99 - OTHER/UN	IKNOWN		
1	FIRST HARMFUL EVEN		ST HARMFUL EVENT				25	
HSY8304	OH1 1/19 [760-0820]						l	L

COURT OUR	DEPARTMENT											
OF PUI	BLIC SAFETY SERVICE - PROTECTION	OTORIST / NOI	N-MO	TORIS	T			14 5050		REPORT NUM	IBER*	
LINUT #	LNAMELLACE	FIRST MIDDLE						M-P250			1 465	LCENDED
UNIT #		, FIRST, MIDDLE						40/00/4	DATE OF BIRT	ІН	AGE	GENDER
1	HORN, A							12/23/1	978 PHONE - INCLUDE A	DEA CODE	46	М
₩	•	V, MOUNT VERNO	N, OH 43	3050				CONTACT	PHONE - INCLUDE A	IREA CODE		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKE	EN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT USED 1	DOT-C		AIR BAG U	ISAGE EJECTION 4	TRAPPED 1
	OPERATOR L	ICENSE NUMBER		OFFENSE	CHARGED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ON NUMBER	<u> </u>
OL STATE	RL611443	3		MTV 33	31.34	CODE	Failure To	Control/V	Veaving Cou	rse MVP	420125000	004206
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIS	VER TRACTED	ALCOHOL / DRUG SUS		CONDITION		YPE VALUE	STATUS	DRUG TEST(S	SELECT UP TO 4
			BY	1	ALCOHOL M OTHER DRUG	ARIJUANA	1		1 .			
UNIT #	NAME: LAST	, FIRST, MIDDLE		<u> </u>					DATE OF BIRT	TH T	AGE	GENDER
ADDRESS	S:STREET, CIT	Y, STATE, ZIP						CONTACT	PHONE - INCLUDE A	REA CODE		
INJURIES	INJURED	EMS AGENCY (NAME)		IN HIDED TAKE	EN TO: MEDICAL FACILIT	V (NAME CITY)	SAFETY		SEATING POS	ITION AIR BAG U	ISAGE EJECTION	TRAPPED
NON	TAKEN BY			INJURED TAKE	EN TO. MEDICAL PACIETY	(NAME, CITT)	EQUIPMENT USED	DOT-C	OMPLIANT			
	OPERATOR L	ICENSE NUMBER		OFFENSE	CHARGED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ON NUMBER	
OL STATE						CODE						
OL CLASS	S ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Z	ALCOHOL / DRUG SUS	PECTED	CONDITION		COHOL TEST YPE VALUE	STATUS	DRUG TEST(S	SELECT UP TO 4
			BY		= -	ARIJUANA		بالسال				
UNIT #	NAME: LAST	, FIRST, MIDDLE			OTHER DRUG				DATE OF BIRT		L L L L	
ONIT #	WAINE. DAOT	, TINOT, MIDDLE							DATE OF BIRT		AGE	GLNDLK
ADDRESS	S:STREET, CIT	Y, STATE, ZIP						CONTACT	PHONE - INCLUDE A	REA CODE		
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKE	EN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY		SEATING POS	ITION AIR BAG L	ISAGE EJECTION	TRAPPED
INJURIES OL STATE	TAKEN BY	,				. , , ,	USED	DOT-C				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE	CHARGED	LOCAL	OFFENSE DESC	RIPTION		CITATI	ON NUMBER	. —
ОТО												
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		TRACTED	ALCOHOL / DRUG SUS		CONDITION		YPE VALUE	STATUS	DRUG TEST(S	SELECT UP TO 4
					OTHER DRUG	AKIJUANA			$\exists .$			
INJ	URIES	SEATING POSITION		AIR BAG	OL CLAS	s	OL RESTRICT	TION(S)	DRIVER DISTRA	ACTION	TEST STAT	rus
	TED SERIOUS	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		YED FRONT	1 - CLASS A 2 - CLASS B		1 - ALCOHOL IN DEVICE		1 - NOT DISTRAC 2 - MANUALLY O	PERATING 2	I - NONE GIVEN 2 - TEST REFUS	
INJURY 3 - SUSPECT INJURY	TED MINOR	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLO	YED SIDE YED BOTH F / SIDE	3 - CLASS C 4 - REGULAR CL (OHIO = D)	ASS	2 - CDL INTRAS 3 - CORRECTIVI 4 - FARM WAIVE	ELENSES	AN ELECTRO COMMUNICA DEVICE (TEX	TION	3 - TEST GIVEN, CONTAMINAT SAMPLE / UN	
4 - POSSIBL	E INJURY ARENT INJURY	(MOTORCYCLE PASSENGER)		PPLICABLE	5 - M/C MOPED (6 - NO VALID OL		5 - EXCEPT CLA 6 - EXCEPT CLA	SS A BUS	TYPING, DIAL 3 - TALKING ON		4 - TEST GIVEN, KNOWN	
		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	UNKNO	OWN			7 - EXCEPT		HANDS-FREE COMMUNICA		5 - TEST GIVEN, UNKNOWN	RESULTS
	NSPORTED /	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)					TRACTOR-TF 8 - INTERMEDIA RESTRICTIO	TE LICENSE	DEVICE 4 - TALKING ON I COMMUNICA			
TREATED 2 - EMS	O AT SCENE	8 - THIRD - MIDDLE 9 - THIRD - RIGHT	1 - NOT E	EJECTION	OL ENDORSE H - HAZMAT	MENT	9 - LEARNER'S F RESTRICTIO	PERMIT	DEVICE 5 - OTHER ACTIV	/ITY WITH	ALCOHOL TES	OI IYPE
3 - POLICE 9 - OTHER /	UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIA	ALLY EJECTEI LY EJECTED	D M - MOTORCYCL	E	10 - LIMITED TO I	DAYLIGHT	AN ELECTRO 6 - PASSENGER	THO BE VIOLE 3	2 - BLOOD 3 - URINE 4 - BREATH	
		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING	4 - NOT A	PPLICABLE	N - TANKER Q - MOTOR SCO		11 - LIMITED TO EMPLOYMEN 12 - LIMITED - OT		7 - OTHER DISTF INSIDE THE V 8 - OTHER DISTF	EHICLE 5	5 - OTHER	
SAFETY	EQUIPMENT	UNIT, BUS, PICK-UP WITH CAP)			R - THREE-WHEE MOTORCYCL S - SCHOOL BUS	E	13 - MECHANICA (SPECIAL BR	L DEVICES	OUTSIDE THE 9 - OTHER / UNK	VEHICLE		
	SED ER BELT ONLY	12 - PASSENGER IN UNENCLOSED CARGO	1 - NOT TI	RAPPED	T - DOUBLE & TF		HAND CONTI				DRUG TEST	TYPE
	T ONLY USED ER & LAP BELT	AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE		ANICAL MEAN	X - TANKER / HA	ZMAT	DEVICES) 14 - MILITARY VE ONLY	HICLES	CONDITIO	N 2	I - NONE 2 - BLOOD 3 - URINE	
USED 5 - CHILD RE		EXTERIOR (NON-TRAILING UNIT)	3 - FREED NON-M MEANS	MECHANICAL	GENDE	₹	15 - MOTOR VEH WITHOUT AII		1 - APPARENTLY 2 - PHYSICAL IM	NORMAL 4	1 - OTHER	
FACING	- FORWARD	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	IVIEAN	3	F - FEMALE M - MALE		16 - OUTSIDE MIR 17 - PROSTHETIC		3 - EMOTIONAL (DEPRESSED,			
6 - CHILD RE SYSTEM 7 - BOOSTEI	- REAR FACING				U - OTHER / UNK	NOWN	18 - OTHER		DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP	FAINTED	DRUG TEST RE	
8 - HELMET 9 - PROTEC	USED								FATIGUED, E	TC. 2	2 - BARBITURAT 3 - BENZODIAZE	ES
USED (EL ETC.)	LBOW, KNEES,								OF MEDICATI DRUGS / ALC	ONS / 4	4 - CANNABINOI 5 - COCAINE	DS
11 - LIGHTING	TIVE CLOTHING G - RIAN / BICYCLE								9 - OTHER / UNK	7	6 - OPIATES / OF 7 - OTHER 8 - NEGATIVE DE	
ONLY 99 - OTHER /										· ·	B - NEGATIVE RI	LUUL 10