



**Ohio Attorney General's Office  
Bureau of Criminal Investigation  
Investigative Report**



2023-2639

Officer Involved Critical Incident - 7498 Van Ness Avenue,  
Hubbard, Ohio 44425, Trumbull County

**Investigative Activity:** Background Information for Subject  
**Involves:** Shawn Thomas (S)  
**Activity Date:** 12/28/2023  
**Activity Location:** BCI - 4055 Highlander Parkway, Richfield, Ohio 44286  
  
**Authoring Agent:** SA Charles Moran #67

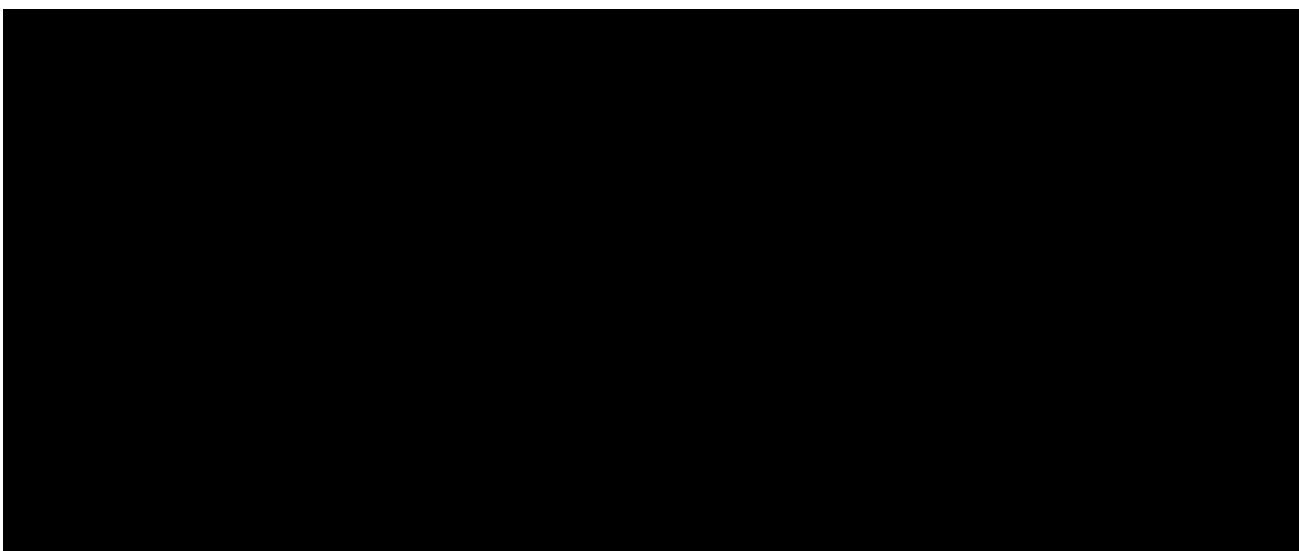
**Narrative:**

On December 28, 2023, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Chuck Moran (Moran) compiled background information on Shawn Thomas (Thomas), the subject involved in the incident on October 3, 2023. The information included researching past police reports involving the subject, searching criminal history records, court records (if applicable), open/closed-source database inquiries, and social media posts. The information gathered was obtained from the BCI Criminal Intelligence Unit (CIU), the Ohio State Highway Patrol (OSHP), and the Brookfield Township Police Department (BTPD).

SA Moran reviewed the information and noted the following:

**Computerized Criminal History**

- Law Enforcement Automated Data System (LEADS)/National Crime Information Center (NCIC)



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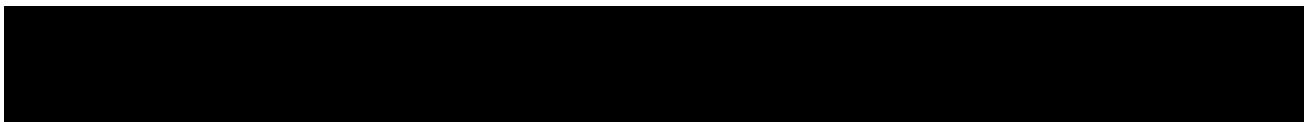


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- Ohio Law Enforcement Gateway (OHLG) Computerized Criminal History (CCH)

This provided the same information for the State of Ohio that was provided in the LEADS/NCIC records described above.

### **Prior Police Encounters**

Since Thomas had two potentially similar incidents involving weapons and alcohol, SA Moran obtained police reports and documents related to these past incidents.

- Brookfield Township Police Department – 22-02331

On May 8, 2022, at 1807 hours, BTPD officers responded to a crash involving a vehicle striking a utility pole. Officers spoke with paramedics who indicated that the driver, Thomas, was in the ambulance being checked for injuries. Officers spoke with Thomas, and he admitted to drinking six beers. After performing Field Sobriety Tests, Thomas was arrested. When he was searched, an empty holster was located on his right side. Officers questioned Thomas and he admitted that he had a gun in the glove box of his vehicle. Officers located a loaded Ruger, LCP, .380 caliber ACP, pistol with one round in the chamber. Thomas was charged with OVI, improperly handling firearms in a motor vehicle, and carrying concealed weapons.

- Ohio State Highway Patrol – 20-042003 0290

On May 11, 2020, at 2252 hours, an OSHP trooper was dispatched to a reckless vehicle heading westbound on Interstate 80/Ohio Turnpike. The trooper observed a truck matching the description of the reckless vehicle and began following it. The truck's speed was 94 miles per hour (MPH) in a 70 MPH zone. The trooper noted that Thomas appeared to be intoxicated and there were several indicators of alcohol use. The trooper performed a traffic stop and encountered the driver, Thomas. The trooper asked Thomas if there were any weapons in the truck and Thomas said there was a "gun under the back seat." After performing Field Sobriety Tests and completing a portable breath test (.217 BrAC), Thomas was arrested. Another breath test showed a result of .230 g/210L of breath.

Thomas' vehicle was towed and an administrative inventory was performed. The trooper noted that a gun was located under the left rear seat. The gun was stored in a case with a loaded magazine, but no round in the chamber. A box of ammunition was This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



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also inside the case. The gun was a Walther's, PPK, .380 caliber, pistol. Thomas was charged with reckless operation, OVI, improperly handling firearms in a motor vehicle, and carrying concealed weapons.

### **Database Searches**

- Comprehensive Report

The BCI CIU provided SA Moran with a database report for Thomas. The report provided information about Thomas' identifiers, address history, phone numbers, vehicle information, relatives, and possible criminal records.

### **Social Media**

- Facebook

The BCI CIU checked Thomas' Facebook page. There was a post dated "June 2" that indicated that Thomas was a military veteran. There was another post dated "June 20" where Thomas posted a "Reels" from "Mark Draper." It was a short TikTok video with on-screen text stating, "I avoid conflict because I'm afraid of myself zero to death row."

The documents received relative to Thomas are attached to this report for further review, except for any prohibited LEADS/CCH reports which were disposed of according to applicable policies and procedures.

### **Attachments:**

1. S Thomas Intel
2. S Thomas OHLEG
3. S Thomas CCH
4. BTPD - 22-002331 - Shawn Thomas - Combined Reports
5. OSHP - 20\_042003\_0290 - Shawn Thomas - Combined Reports
6. SHAWN M THOMAS-Comprehensive-Report-202310201511
7. SHAWN THOMAS 411+-Search-202310201514
8. SHAWN THOMAS-SocialMedia-Comprehensive-Report-202310201513
9. Shawn Thomas Facebook

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6



# Shawn Thomas

188 friends

Message

[Posts](#)[About](#)[Friends](#)[Photos](#)[Videos](#)[Check-ins](#)[More ▾](#)

...

## Intro

please bring your dogs and at in tonight



Assembler at Extreme Machine & Fab., Inc.

## Posts

 Filters

Shawn Thomas

October 2 at 7:01 PM ·

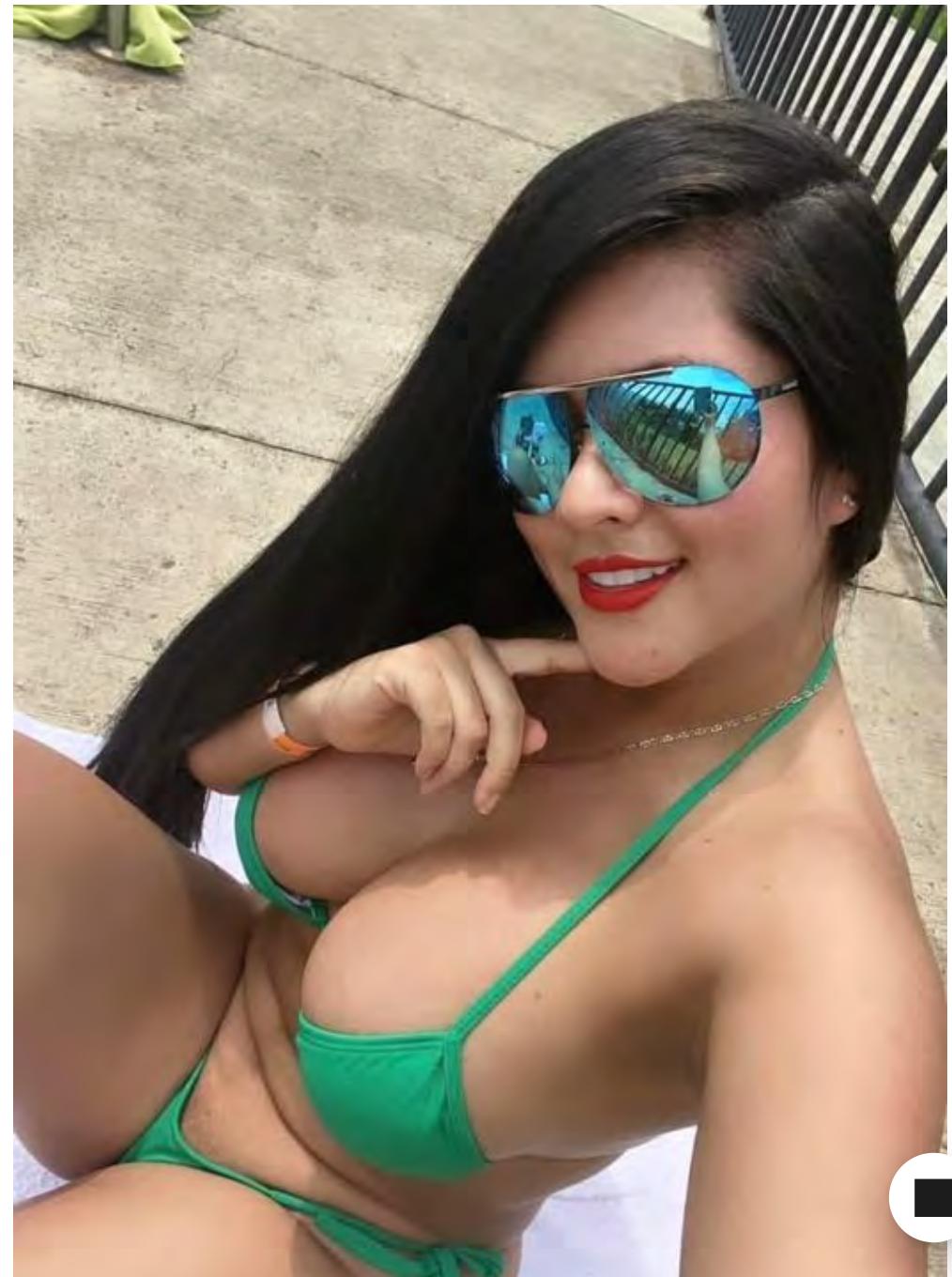


10/20/23, 3:15 PM

(6) Facebook



6





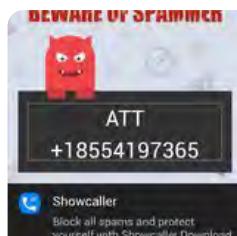
Lives in Hubbard, Ohio

From Sharon, Pennsylvania

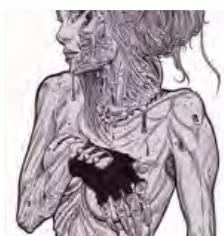
Married

Featured

## Photos



See all photos



Roger Van Humbeeck · I Love Mature Women 2  
October 1 at 12:13 AM ·

Like

Comment

Share



Write a comment...



Shawn Thomas  
September 26 at 6:45 PM ·

...



Chad Sexton



## Friends

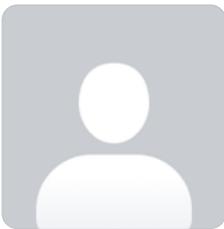
188 friends



Carol McElhaney  
Thomas



Mike Bish



Chris Porter



Eric Thomas



John Thomas



Tina Nicastro



David Boyd



Cheryl Campero



Earl Hall

A Facebook post from Shawn Thomas. The post shows a close-up photo of a golden retriever's face in a snowy, wooded area. The post has 2 likes and 1 comment. Carol McElhaney Thomas commented "I can't wait!" 3 weeks ago. There is a placeholder for a reply and a row of five small gray square icons. The post was made on September 26 at 5:39 PM.

2 1 comment

Like Comment Share

Carol McElhaney Thomas  
I can't wait!

Like Reply 3w

Write a comment...

Shawn Thomas  
September 26 at 5:39 PM ·





Animal Rescue Stories

September 23 at 3:35 PM ·

Haha!

Like

Comment

Share



Write a comment...



Shawn Thomas

September 26 at 5:38 PM ·

...

**CAME HOME TO MY ROOMMATES DOG PROTECTING MY KITTEN FROM THE LOUD THUNDER AND LIGHTNING OUTSIDE**





Animal Rescue Stories

September 25 at 10:20 AM ·



1

Like

Comment

Share



Write a comment...



10/20/23, 3:15 PM

(6) Facebook





Shawn Thomas

June 2 ·

...





Shawn Thomas

June 7 · TikTok · 🌎

...

TIKTOK.COM

**Daniels mind on TikTok**

#positivevibes #motivational #motivation #viral #fyp

i



1.1M



8468



199.7K



164.4K



00:02 / 00:14

Speed



daniels\_mind

Daniels mind · 6-1

Follow

#positivevibes #motivational #motivation #viral #fyp

♪ original sound - Daniels mind



Shawn Thomas

June 20 · ⚡

...



Mark Draper

Reels · Jun 19 · ⚡



...



TikTok  
@daniels\_mtns

I DON'T AVOID CONFLICT  
BECAUSE I'M

Mark Draper · Original audio





Shawn Thomas

June 28 · TikTok · 0

...

So sad

TIKTOK.COM

Alisha Huff on TikTok

#poorkid #cantbelieveit #fyp #fyp #prayers #why #mentalhealthawareness #mentalhealth #ji...

i

Jimmie Johnson's in-laws  
and nephew



WAIT, WHAT?

WHAT IS  
HAPPENING



763



58



67



413

► 00:01 / 01:04

Speed ⏵ ▶ ...



alishahuff2

Alisha Huff · 6-28

Follow

#poorkid #cantbelieveit #fyp #fyp #prayers #why #mentalhealthawareness  
#mentalhealth #jimmiejohnson48 #nascar #



7



# Tom DelFratte

[Follow](#)[Message](#)[Posts](#)[About](#)[Friends](#)[Photos](#)[Books](#)

...

## Intro

Followed by 11 people

## Posts

Filters



Tom DelFratte

October 13 at 8:02 PM ·



Oh Bother's NEW music video for Tear Out Your Heart. Who do you know in



Marksmanship

Comedy

## Photos

[See all photos](#)



Our baby ran away early this morning while I was taking her outside to use the bathroom. She wiggled out of her harness and took off. She was on Market St near CCA, and I was told a nice lady came to my home some time later, but I didn't hear her knocking. She took my baby and told my neighbor she would take her to the pound. I've called every shelter in and near the city, as well as the Dog Warden and none of them have our GiGi. Mv B.

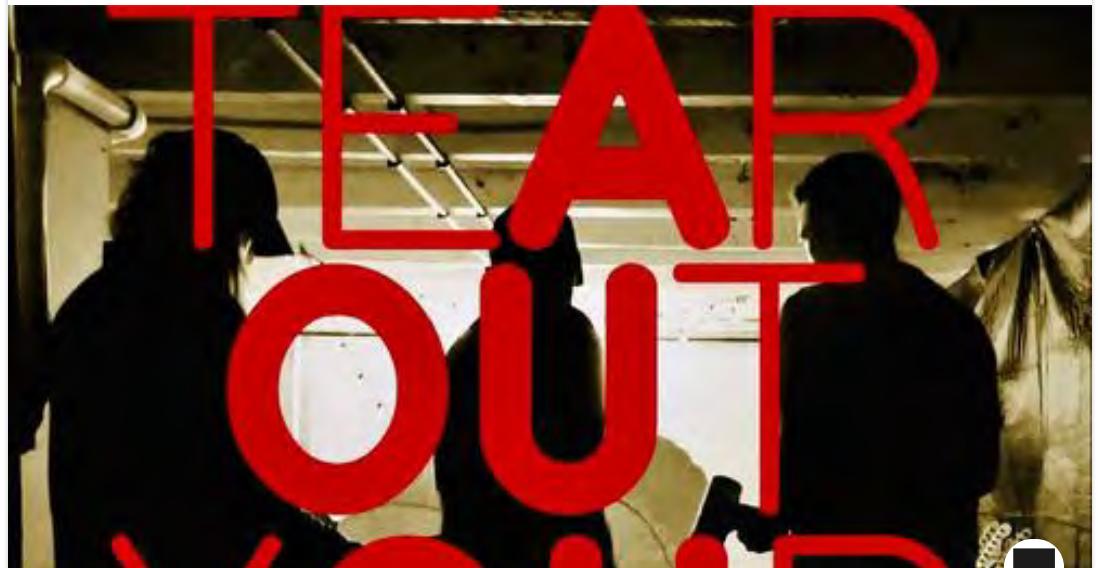


year old daughter is crying her eyes out and I can't take it. Please help us get our baby back.

PLEASE SHARE THIS POST, in hopes that the lady will see it and return her. She may be injured.



#poppunkmusic #hubbardohio #ShenangoValley #musicvideo  
#musicvideopremiere #WestMiddlesex



[YOUTUBE.COM](#)

Oh Bother - Tear Out Your Heart [music video]

New album Save the World streaming everywhereFollow us on IG @ohbo...

## Friends

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© 2023

4

1 share

Like

Share



Tom DelFratte

October 10 at 7:34 AM ·

...

Love and miss you dad.  
Cannot believe it's been 18 years-now.



7



46

9 comments



Like



Share



Jody Fitzgerald

I miss the conversations we used to have. He was the best  
Grandpa 😊

Like 2w

[View more comments](#)

Tom DelFratte

October 9 at 6:45 PM ·

...

Video premiere from Oh Bother!  
I seen it & it's really good.

#ohbother #hubbardohio #shenangovalley Shenango Valley #thesummit  
#rock #poppunkmusic #videos



7



INSTAGRAM



3



Like



Tom DelFratte

October 6 at 6:38 PM ·





7



12

1 comment

Like

Share

Linda Lisi Hanahan  
Looks fantastic!



7



Tom DelFratte

October 6 at 9:22 AM ·

Watch out for snails today-because these little creatures are on the move today. We have so many moving up from our field this morning. [#snails](#) [#snailsofinstagram](#)



6 comm.



7



Carrie McCracken

Wow I have never seen one before.. he's cute ❤️

Like 2w



✍ Author

Tom DelFratte

Carrie McCracken Now you have. I bet you have never seen an eastern fence lizard or skink? All the time I spent outdoors\_never knew they existed til I lived in Hubbard. I take every chance I get to talk about those. Plus there's a story bout em too.

Like 2w

View more replies

View more comments

10/26/23, 2:13 PM

(7) Facebook



7

10/26/23, 2:13 PM

(7) Facebook



7

10/26/23, 2:13 PM

(7) Facebook

















**CFS SUMMARY**

|  |   |   |  |                               | INCIDENT NUMBER<br><b>22-002331</b> |              |              |           |
|--|---|---|--|-------------------------------|-------------------------------------|--------------|--------------|-----------|
| CFS#<br><b>22-002331</b>                         |   | RECEIVED DATE/TIME<br><b>05-08-2022 18:06</b> | INCIDENT DATE/TIME<br><b>05-08-2022 06:07 PM</b> |                               |                                     |              |              |           |
| <b>DESCRIPTIONS</b>                              | ACTIVITY<br><b>CRASH WITH REPORTED INJURIES</b>   |   |  | OTHER CONTACTS                |                                     |              |              |           |
|  | CALL ORIGIN<br><b>10 DIGIT LINE</b>   |   | RP/DS  |                               |                                     |              |              |           |
|  | DISPATCHER<br><b>MMIGLIOZZI -</b>   |   |  |                               |                                     |              |              |           |
|  | RESPONSE  |   |  |                               |                                     |              |              |           |
| DISPOSITION<br><b>DID NOT ADVISE DISPOSITION</b> |   |   |  |                               |                                     |              |              |           |
| <b>CALLER</b>                                    | NAME  |   |  | CALL BACK                     | PHONE                               |              |              |           |
|  | ADDRESS   |   |  |                               |                                     |              |              |           |
| <b>LOCATION</b>                                  | ADDRESS<br><b>1288 STANDARD AVE SE BROOKFIELD TWP, OH 44438</b>   |   |  | TOWNSHIP<br><b>BROOKFIELD</b> |                                     |              |              |           |
|  | LOCATION  |   |  |                               |                                     |              |              |           |
|  | GRID  |   |  | PATROL AREA                   |                                     |              |              |           |
| <b>CALL DESCRIPTION</b>                          | <p>CALL TAKEN BY: KBOWER<br/>         DISPATCHED BY: MMIGLIOZZI<br/>         05/08/2022 18:07:11 - KBOWER - BLACK DODGE RAM IN A DITCH // WIRES ARE KNOCKED DOWN // DRIVER IS OUTSIDE OF THE VEH TRYING TO MOVE THE WIRES // LOOKS LIKE HE MAY HAVE BEEN DRINKING<br/>         05/08/2022 18:07:44 - KBOWER - AMLE DRIVER TOLD THE CALLER HE DIDNT WANT 911 JUST A TOW TRUCK<br/>         05/08/2022 18:13:28 - MMIGLIOZZI - NO WIRES DOWN / 1 PT SELF EXTRICATED<br/>         05/08/2022 18:37:08 - MMIGLIOZZI - MALE 21 // NEXT HOOK<br/>         05/08/2022 18:37:27 - MMIGLIOZZI - OVI<br/>         05/08/2022 18:41:37 - MMIGLIOZZI - EVIDENCE<br/>         05/08/2022 18:44:59 - MMIGLIOZZI - OVI / CCW / WEAPONS / ILLEGAL CONVEY<br/>         05/08/2022 18:48:24 - MMIGLIOZZI - RELEASED TO SQUAD<br/>         05/08/2022 19:12:52 - KBOWER - OHIO EDISON ON SCENE<br/>         05/08/2022 22:24:58 - MMIGLIOZZI - [REDACTED] SSN // SERIAL 380933123 RUGER LCP MAX       </p> |   |  |                               |                                     |              |              |           |
| <b>DISPATCHED UNITS</b>                          | AGENCY  | UNIT  | OFFICER  | DISPATCH                      | ENROUTE                             | ONSCENE      | CLEAR        | MINUTES   |
|  | <b>BPD</b>  | <b>2200</b>                                   |  | <b>18:09</b>                  |                                     |              | <b>18:34</b> | <b>25</b> |
|  | <b>BPD</b>  | <b>2221</b>                                   | <b>BIZUB, JOHN</b>                               | <b>18:11</b>                  |                                     | <b>18:15</b> | <b>19:33</b> | <b>82</b> |
|  | <b>OLEA</b>   | <b>2124</b>                                   |  | <b>18:46</b>                  | <b>18:46</b>                        | <b>18:46</b> | <b>19:01</b> | <b>15</b> |
|  | <b>BPD</b>  | <b>2225</b>                                   | <b>LEONARDO, NICHOLAS A</b>                      | <b>19:59</b>                  | <b>19:59</b>                        | <b>19:59</b> | <b>20:02</b> | <b>3</b>  |
|  | <b>BPD</b>  | <b>2291</b>                                   | <b>WEDGE, KRYSTA</b>                             | <b>19:59</b>                  | <b>19:59</b>                        | <b>19:59</b> | <b>20:02</b> | <b>3</b>  |
|  |   |   |  |                               |                                     |              |              |           |
|  |   |   |  |                               |                                     |              |              |           |
|  |   |   |  |                               |                                     |              |              |           |
|  |   |   |  |                               |                                     |              |              |           |

## CFS PEOPLE SUPPLEMENT

## BROOKFIELD POLICE DEPARTMENT

|          |  |   |   |                                |                      |                      |                      |                     |
|----------|--|---|---|--------------------------------|----------------------|----------------------|----------------------|---------------------|
| PERSON 1 | CDC#<br><b>22-002331</b>                                   | RECEIVED DATE / TIME<br><b>05-08-2022 18:06</b> |   |                                |                      | CD Call Type         |                      |                     |
|          | Name Type<br><b>COMPLAINANT</b>                            |   |   | Name                           |                      |                      |                      |                     |
|          | Address  |   |   |                                |                      | Phone                |                      |                     |
|          | Date of Birth  |   | Driver Lic #  | State                          | Height               | Weight               | Hair                 | Eyes                |
|          | Gender   | Race  | Complexion  |                                |                      |                      | Build                |                     |
|          | Employer Name  |   |   | Employer Phone                 |                      |                      |                      |                     |
|          |  |   |   |                                |                      |                      |                      |                     |
| PERSON 2 | Name Type  |   |   | Name<br><b>THOMAS, SHAWN M</b> |                      |                      |                      |                     |
|          | Address<br><b>2180 HUBBARD MASURY RD HUBBARD, OH 44425</b> |   |   |                                |                      | Phone                |                      |                     |
|          | Date of Birth<br><b>01-02-1968</b>                         |   | Driver Lic # <span style="background-color: black; color: black;">XXXXXXXXXX</span> | State<br><b>OH</b>             | Height<br><b>510</b> | Weight<br><b>180</b> | Hair<br><b>BROWN</b> | Eyes<br><b>BLUE</b> |
|          | Gender<br><b>MALE</b>                                      | Race  | Complexion  |                                |                      |                      | Build                |                     |
|          | Employer Name  |   |   | Employer Phone                 |                      |                      |                      |                     |
| PERSON 3 | Name Type  |   |   | Name                           |                      |                      |                      |                     |
|          | Address  |   |   |                                |                      | Phone                |                      |                     |
|          | Date of Birth  |   | Driver Lic #  | State                          | Height               | Weight               | Hair                 | Eyes                |
|          | Gender   | Race  | Complexion  |                                |                      |                      | Build                |                     |
|          | Employer Name  |   |   | Employer Phone                 |                      |                      |                      |                     |
| PERSON 4 | Name Type  |   |   | Name                           |                      |                      |                      |                     |
|          | Address  |   |   |                                |                      | Phone                |                      |                     |
|          | Date of Birth  |   | Driver Lic #  | State                          | Height               | Weight               | Hair                 | Eyes                |
|          | Gender   | Race  | Complexion  |                                |                      |                      | Build                |                     |
|          | Employer Name  |   |   | Employer Phone                 |                      |                      |                      |                     |
| PERSON 5 | Name Type  |   |   | Name                           |                      |                      |                      |                     |
|          | Address  |   |   |                                |                      | Phone                |                      |                     |
|          | Date of Birth  |   | Driver Lic #  | State                          | Height               | Weight               | Hair                 | Eyes                |
|          | Gender   | Race  | Complexion  |                                |                      |                      | Build                |                     |
|          | Employer Name  |   |   | Employer Phone                 |                      |                      |                      |                     |
| PERSON 6 | Name Type  |   |   | Name                           |                      |                      |                      |                     |
|          | Address  |   |   |                                |                      | Phone                |                      |                     |
|          | Date of Birth  |   | Driver Lic #  | State                          | Height               | Weight               | Hair                 | Eyes                |
|          | Gender   | Race  | Complexion  |                                |                      |                      | Build                |                     |
|          | Employer Name  |   |   | Employer Phone                 |                      |                      |                      |                     |
| PERSON 7 | Name Type  |   |   | Name                           |                      |                      |                      |                     |
|          | Address  |   |   |                                |                      | Phone                |                      |                     |
|          | Date of Birth  |   | Driver Lic #  | State                          | Height               | Weight               | Hair                 | Eyes                |
|          | Gender   | Race  | Complexion  |                                |                      |                      | Build                |                     |
|          | Employer Name  |   |   | Employer Phone                 |                      |                      |                      |                     |
|          |  |   |   |                                |                      |                      |                      |                     |

## CFS VEHICLE SUPPLEMENT

## BROOKFIELD POLICE DEPARTMENT

|                          |               |      |   |       |                  |              |       |             |
|--------------------------|---------------|------|---|-------|------------------|--------------|-------|-------------|
| CDC#<br><b>22-002331</b> |               |      | RECEIVED DATE / TIME<br><b>05-08-2022 18:06</b> |       |                  | CD Call Type |       |             |
| VEHICLE 1                | Year          | Make | Model   |       |                  | Type         | Color |             |
|                          | VIN           |      | Plate#<br><b>BLACK TRUCK</b>                    | State | Plate Type       |              |       | Expire Date |
|                          | ImpoundNumber |      | Disposition                                     |       | Immobilized Type |              |       |             |
|                          | Remarks       |      |   |       |                  |              |       |             |
| VEHICLE 2                | Year          | Make | Model   |       |                  | Type         | Color |             |
|                          | VIN           |      | Plate#  | State | Plate Type       |              |       | Expire Date |
|                          | ImpoundNumber |      | Disposition                                     |       | Immobilized Type |              |       |             |
|                          | Remarks       |      |   |       |                  |              |       |             |
| VEHICLE 3                | Year          | Make | Model   |       |                  | Type         | Color |             |
|                          | VIN           |      | Plate#  | State | Plate Type       |              |       | Expire Date |
|                          | ImpoundNumber |      | Disposition                                     |       | Immobilized Type |              |       |             |
|                          | Remarks       |      |   |       |                  |              |       |             |
| VEHICLE 4                | Year          | Make | Model   |       |                  | Type         | Color |             |
|                          | VIN           |      | Plate#  | State | Plate Type       |              |       | Expire Date |
|                          | ImpoundNumber |      | Disposition                                     |       | Immobilized Type |              |       |             |
|                          | Remarks       |      |   |       |                  |              |       |             |
| VEHICLE 5                | Year          | Make | Model   |       |                  | Type         | Color |             |
|                          | VIN           |      | Plate#  | State | Plate Type       |              |       | Expire Date |
|                          | ImpoundNumber |      | Disposition                                     |       | Immobilized Type |              |       |             |
|                          | Remarks       |      |   |       |                  |              |       |             |
| VEHICLE 6                | Year          | Make | Model   |       |                  | Type         | Color |             |
|                          | VIN           |      | Plate#  | State | Plate Type       |              |       | Expire Date |
|                          | ImpoundNumber |      | Disposition                                     |       | Immobilized Type |              |       |             |
|                          | Remarks       |      |   |       |                  |              |       |             |
| VEHICLE 7                | Year          | Make | Model   |       |                  | Type         | Color |             |
|                          | VIN           |      | Plate#  | State | Plate Type       |              |       | Expire Date |
|                          | ImpoundNumber |      | Disposition                                     |       | Immobilized Type |              |       |             |
|                          | Remarks       |      |   |       |                  |              |       |             |

|  |   |   |   |   |   |  |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
|--|---|---|---|---|---|--|---|------------------------|---|---|---|---|--|--|---|--|---|--|--|--|--|--|
| ADMINISTRATIVE   | AGENCY NAME<br><b>BROOKFIELD POLICE DEPARTMENT</b><br>CALL NUMBER<br><span style="background-color: #e0e0e0; padding: 2px;">*GEO CODE<br/><b>MASURY</b></span>  |   |   |   |   | *INCIDENT NUMBER-INVESTIGATIVE NUMBER<br><b>22-002331</b>  |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
|  | TOD<br><b>18:09</b>   |   | <input type="checkbox"/> INCIDENT (NON-CRIMINAL)<br><input checked="" type="checkbox"/> OFFENSE<br><input type="checkbox"/> SUPPLEMENT  |   |   | *CLEARANCES<br>A <input type="checkbox"/> Death of Suspect G <input type="checkbox"/> Arrest - Juvenile<br>B <input type="checkbox"/> Prosecution Declined H <input type="checkbox"/> Warrant Issued<br>C <input type="checkbox"/> In Custody of Other Jurisd. I <input type="checkbox"/> Invest Pending<br>D <input type="checkbox"/> Victim Refused to Coop. J <input type="checkbox"/> Closed<br>E <input type="checkbox"/> Juvenile/No Custody K <input type="checkbox"/> Unfounded<br>F <input checked="" type="checkbox"/> Arrest - Adult L <input type="checkbox"/> Unknown |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
|  | TOA<br><b>18:15</b>   |   |   |   |   | *CLEARANCE DATE<br><b>05-11-2022</b> CLEARED BY _____  |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
|  | TOC<br><b>20:03</b>   |   |   |   |   |  |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
|  | Printed: 12-27-2023 09:18 <b>OHIO UNIFORM INCIDENT REPORT</b>   |   |   |   |   |  |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
|  | *REPORT DATE/TIME<br>MONTH <b>05</b> DAY <b>08</b> YEAR <b>2022</b> TIME <b>21:02</b>   |   |   |   | *INCIDENT OCCURED FROM<br>MONTH <b>05</b> DAY <b>08</b> YEAR <b>2022</b> TIME <b>18:07</b>                          |  |   |                        | *INCIDENT OCCURED TO<br>MONTH <b>05</b> DAY <b>08</b> YEAR <b>2022</b> TIME <b>20:03</b>                                |   |   |   |  |  |   |  |   |  |  |  |  |  |
|  | INCIDENT LOCATION (Street, Apt. City, State, Zip)<br><b>1288 STANDARD AVE, MASURY, OH 44438</b>   |   |   |   |   |  |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
|  | *OFFENSE<br>1. <b>O.V.I.</b><br>2. <b>IMPROPERLY HANDLING FIREARMS IN</b><br>3. <b>OPERATING MOTOR VEHICLE WITHOU</b><br>4. <b>OPEN CONTAINER PROHIBITED</b><br>5. <b>CARRYING CONCEALED WEAPON</b>   |   |   | *OFFENSE CODE<br>1. <b>4511.19(A)(1)</b><br>2. <b>2923.16(D)(1)</b><br>3. <b>4511.202</b><br>4. <b>4301.62(B)</b><br>5. <b>2923.12(A)(1)</b>    |   | *A/C<br><b>C</b>   | *F/M & DEG.<br><b>M1</b>  | *HATE/BIAS<br><b>N</b> | *LARCENY<br><b>1</b>  | *TYPE CRIMINAL ACTIVITY<br>1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> (Enter up to three for each offense)<br>1. <input checked="" type="checkbox"/> P 2. <input type="checkbox"/> 3. <input type="checkbox"/> B - Buying/Rec.<br>1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> C - Cultivating/Mfg./Pub.<br>1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> D - Distributing/Selling<br>1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> E - Exploiting Children<br>1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> O - Oper/Promoting/Ass.<br>1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> P - Possessing/Concealing<br>1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> T - Transp/Transmitting<br>1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> U - Using/Consuming |   |   |  |  |   |  |   |  |  |  |  |  |
| OFFENSE  | *LOCATION OF OFFENSE (Enter up to two)<br>1. <b>47</b> 2. <input type="checkbox"/><br><b>RESIDENTIAL STRUCTURE</b><br>01 Single Family Home<br>02 Multiple Dwelling<br>03 Residential Facility<br>04 Other Residential<br>05 Garage/Shed<br><b>PUBLIC ACCESS BLDGS.</b><br>06 Transit Facility<br>07 Government Office<br>08 School<br>09 College<br>67 Library<br>10 Church<br>11 Hospital |   |   |   |   |  | 12 Jail/Prison<br>13 Parking Garage<br>14 Other Public Access Buildings<br><b>COMMERCIAL LOCATIONS</b><br>15 Auto Shop<br>16 Financial Institution<br>17 Barber/Beauty Shop<br>18 Hotel/Motel<br>19 Dry Cleaners/Laundry<br>20 Professional Office<br>21 Doctor's Office<br>22 Other Business Office<br>23 Amusement Center<br>24 Rental Storage Facility<br>25 Other Commercial Service<br>56 ATM Machine Separate from Bank |                        |   |   |   | 59 Daycare Facility<br><b>RETAIL</b><br>26 Bar<br>27 Buy/Sell/Trade Shop<br>28 Restaurant<br>29 Gas Station<br>30 Auto Sales Lot<br>31 Jewelry Store<br>32 Clothing Store<br>33 Drugstore<br>34 Liquor Store<br>35 Shopping Mall<br>36 Sporting Goods<br>37 Grocery/Supermarket<br>38 Variety/Convenience<br>39 Department Store<br>40 Other Retail Store<br><b>OUTSIDE</b><br>41 Factory/Mill/Plant<br>42 Other Building<br>43 Yard<br>44 Construction Site<br>45 Lake/Waterway<br>46 Fields/Woods<br>47 Street<br>48 Parking Lot<br>49 Park/Playground<br>50 Cemetery<br>51 Public Transit Vehicle<br>52 Other Outside Location<br>53 Arena / Stadium<br>54 Fairgrounds/Coliseum<br>55 Cargo Container<br>56 Dock/Wharf/Freight/<br>57 Camp/Campground<br>58 Military Installation<br>59 Shelter-Mission/<br>60 Farm Facility<br>61 Homeless<br>62 Gambling Facility/<br>63 Casino/Race Track<br>64 Rest Area<br>65 Modal Terminal<br>66 Tribal Lands<br>67 Other |  |  |   |  | OTHER<br>53 Abandoned /<br>54 Condemned Structure<br>55 Arena / Stadium<br>56 Fairgrounds/Coliseum<br>57 Cargo Container<br>58 Dock/Wharf/Freight/<br>59 Military Installation<br>60 Modal Terminal<br>61 Farm Facility<br>62 Gambling Facility/<br>63 Casino/Race Track<br>64 Rest Area<br>65 Shelter-Mission/<br>66 Homeless<br>67 Tribal Lands<br>68 Other |  |  | *SUSPECTED OF USING<br><input checked="" type="checkbox"/> A ALCOHOL<br><input type="checkbox"/> D DRUGS<br><input type="checkbox"/> C COMPUTER EQUIPMENT<br><input type="checkbox"/> N NOT APPLICABLE |  |  |
|  |   |   |   |   |   |  |   |                        |   |   |   | *TYPE WEAPON/FORCE USED<br>1. <b>12</b> 2. <input type="checkbox"/> 3. <input type="checkbox"/><br>(Enter up to Three Codes)  |  |  |   |  |   |  |  |  |  |  |
|  | *METHOD OF ENTRY  |   | *METHOD OF ENTRY - MOTOR VEHICLE THEFT  |   |   |  | *METHOD OF ENTRY - BURGLARY/B & E   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
|  | <input type="checkbox"/> FORCE<br><input type="checkbox"/> NO FORCE   |   | <input type="checkbox"/> 01 MOTOR RUNNING/KEYS IN CAR<br><input type="checkbox"/> 02 UNLOCKED<br><input type="checkbox"/> 03 DUPLICATE KEY USED<br><input type="checkbox"/> 04 WINDOW BROKEN<br><input type="checkbox"/> 05 TOWED |   |   |  | <input type="checkbox"/> 06 HOT WIRE<br><input type="checkbox"/> 07 SLIM JIM/COAT HANGER<br><input type="checkbox"/> 08 TUMBLERS REMOVED<br><input type="checkbox"/> 09 COLUMN PEELED<br><input type="checkbox"/> 10 IGNITION PEELED  |                        |   |   | ENTRY EXIT ENTRY EXIT ENTRY EXIT<br><input type="checkbox"/> 1. BASEMENT <input type="checkbox"/> <input type="checkbox"/> 1. DOOR <input type="checkbox"/> <input type="checkbox"/> 1. FRONT <input type="checkbox"/><br><input type="checkbox"/> 2. 1st FLOOR <input type="checkbox"/> <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> <input type="checkbox"/> 2. SIDE <input type="checkbox"/><br><input type="checkbox"/> 3. 2nd FLOOR <input type="checkbox"/> <input type="checkbox"/> 3. GARAGE <input type="checkbox"/> <input type="checkbox"/> 3. REAR <input type="checkbox"/><br><input type="checkbox"/> 4. OTHER <input type="checkbox"/> <input type="checkbox"/> 4. SKYLIGHT <input type="checkbox"/> <input type="checkbox"/> 4. ROOF <input type="checkbox"/><br><input type="checkbox"/> 5. OTHER <input type="checkbox"/> <input type="checkbox"/> 5. OTHER <input type="checkbox"/> |   |  |  |   |  |   |  |  |  |  |  |
|  | METHODS OF OPERATION  |   |   |   |   |  |   |                        |   |   |   |   |  |  | CARGO THEFT<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  |   |  |  |  |  |  |
|  | *NO. <b>1</b><br>*TOTAL VICTIMS <b>1</b>  |   | *VICTIM TYPE<br><input type="checkbox"/> I INDIVIDUAL<br><input type="checkbox"/> B BUSINESS  |   | *FINANCIAL INSTITUTION<br><input type="checkbox"/> F FINANCIAL INSTITUTION<br><input type="checkbox"/> G GOVERNMENT |  | *POLICE OFFICER (IN THE LINE OF DUTY)<br><input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY)<br><input type="checkbox"/> R RELIGIOUS ORGANIZATION   |                        | <input checked="" type="checkbox"/> S SOCIETY<br><input type="checkbox"/> O OTHER<br><input type="checkbox"/> U UNKNOWN |   |   |   |  |  |   |  |   |  |  |  |  |  |
|  | NAME (Last, First, Middle)<br><b>STATE OF OHIO</b>  |   |   |   |   |  |   |                        |   |   |   |   |  |  | PHONE   |  |   |  |  |  |  |  |
|  | ADDRESS (Street, Apt., City, State, Zip)  |   |   |   |   |  |   |                        |   |   |   |   |  |  | PHONE   |  |   |  |  |  |  |  |
| EMPLOYER NAME AND (Street, Apt., City, State, Zip)<br>ADDRESS                  |   |   |   |   |   |  |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
| *AGE/ D.O.B  |   | *SEX  |   | *RACE <input type="checkbox"/> B <input type="checkbox"/> A<br><input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U |   | HEIGHT   |   | WEIGHT                 |   | HAIR  |   | EYES  |  |  |   |  |   |  |  |  |  |  |
| OCCUPATION   |   |   |   |   |   |  |   | *RESIDENT STATUS       |   | <input type="checkbox"/> RESIDENT<br><input type="checkbox"/> TOURIST   |   | <input type="checkbox"/> MILITARY<br><input type="checkbox"/> STUDENT   |  | <input type="checkbox"/> OTHER<br><input type="checkbox"/> UNKNOWN |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> VICTIM INJURED  |   | IF INJURED DESCRIBE INJURIES  |   |   |   |  |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
| *AGG. ASLT/HOMICIDE<br>CIR.  |   |   | *VICTIM/SUSPECT RELATIONSHIP  |   |   | *VICTIM/OFFENSE LINK<br><b>4511.19(A)(1) / 2923.16(D)(1) / 4511.202 / 4301.62</b>  |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
| My signature verifies that the information on this report is accurate and true |   |   |   |   |   |  |   |                        |   |   |   |   |  | DATE   |   |  |   |  |  |  |  |  |
| REPORTING OFFICER<br><b>BIZUB, JOHN</b>  |   |   |   |   |   |  |   |                        |   |   |   |   |  | BADGE NO. <b>2221</b> DATE <b>05-08-2022</b>                       |   |  |   |  |  |  |  |  |
| APPROVING OFFICER<br><b>DEAN, CODY</b>   |   |   |   |   |   |  |   |                        |   |   |   |   |  | BADGE NO. <b>2210</b> DATE <b>05-11-2022</b>                       |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> FOLLOW UP   |   | If yes, follow-up assignment  |   |   |   |  |   |                        |   |   |   |   |  |  |   |  |   |  |  |  |  |  |
| ADDITIONAL SUPPLEMENTS   |   | <input type="checkbox"/> VICTIM/WITNESS<br><input checked="" type="checkbox"/> SUSPECT/ARRESTEE |   | <input type="checkbox"/> PROPERTY<br><input checked="" type="checkbox"/> NARRATIVE  |   | <input type="checkbox"/> STATEMENTS<br><input type="checkbox"/> OTHER  |   | FORM RECEIVED BY:      |   | <input type="checkbox"/> INTELLIGENCE<br><input type="checkbox"/> INVESTIGATION   |   | SPECIAL COPIES  |  |  |   |  |   |  |  |  |  |  |

 INCIDENT NUMBER  
**22-002331**

## INCIDENT REPORT - PART 2

INCIDENT NUMBER

22-002331

|         |        |                    |
|---------|--------|--------------------|
| OFFENSE | O.V.I. | INCIDENT DATE/TIME |
|         |        | 05-08-2022 18:07   |

|  |   |  |   |  |                               |                                |  |   |   |  |
|--|---|--|---|--|-------------------------------|--------------------------------|--|---|---|--|
| REPORTEE                                     | NO.   | NAME (Last, First, Middle)   |   |  |                               |                                | *AGE/<br>D.O.B                             |   |   |  |
|  | ADDRESS (Street, Apt., City, State, Zip)  |  |   |  |                               |                                |  | PHONE   |   |  |
|  | EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)  |  |   |  |                               |                                |  | PHONE   |   |  |
|  | <input type="checkbox"/> STATEMENTS OBTAINED  |  | TYPE  | <input type="checkbox"/> WRITTEN   | <input type="checkbox"/> ORAL | <input type="checkbox"/> TAPED | <input type="checkbox"/> OTHER             |   |   |  |
| VEHICLE                                      | CHECK CATEGORIES  |  |   |  |                               |                                |  |   |   |  |
|  | <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input checked="" type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED |  |   |  |                               |                                |  |   |   |  |
|  | NO.<br><b>1</b>   | <input checked="" type="checkbox"/> DAMAGE TO VEHICLE<br><input type="checkbox"/> THEFT FROM VEHICLE | LIC<br><b>JJX5815</b>   | LIS<br><b>OH</b>   | LIY                           | LIT                            | VIN/OAN<br><b>1C6RR7FG6H5522276</b>        | *VALUE<br><b>\$</b>   |   |  |
|  | VYR<br><b>2017</b>  | VMA<br><b>DODG</b>   | VMO<br><b>RAM</b>   | VST<br><b>4D</b>   | VCO<br>TOP<br>BOTTOM          | BLK                            | <input type="checkbox"/> VEHICLE<br>LOCKED | <input type="checkbox"/> KEYS IN<br>VEHICLE                                   | <input type="checkbox"/> HOLD<br>VEHICLE                                    | <input type="checkbox"/> RELEASE<br>CONTENTS |
|  | VEHICLE ASSOC<br>W/ SUSPECT #<br><b>1</b>   | VEHICLE ASSOC<br>W/ VICTIM #   | <input checked="" type="checkbox"/> VEHICLE<br>TOWED  | TOWED BY<br><b>CARPENTER'S</b>   |                               |                                | OWNERSHIP<br>VERIFIED BY:                  | <input type="checkbox"/> TAG RECEIPT<br><input type="checkbox"/> BILL OF SALE | <input type="checkbox"/> TITLE<br><input checked="" type="checkbox"/> OTHER |  |
|  | STOLEN MOTOR<br>VEHICLE ONLY  | NO. STOLEN<br><b>0</b>   | AREA STOLEN:<br><input type="checkbox"/> RESID.<br><input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL | ADDITIONAL<br>DESCRIPTION  |                               |                                |  |   |   |  |
|  | AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)  |  |   |  |                               |                                |  | PHONE   |   |  |
|  | MOTOR VEHICLE<br>RECOVERY ONLY  | NO. RECOVERED  | DATE RECOVERED  | <input type="checkbox"/> STOLEN IN YOUR JURISDICTION<br>WHERE RECOVERED? |                               |                                |  |   |   |  |
| *TYPE PROPERTY<br>LOSS<br>(Enter Code Below) |   | 1 NONE<br>2 BURNED   | 3 COUNTERFEITED/FORGED<br>4 DESTROYED/DAMAGED/VANDALIZED  | 5 STOLEN/ETC.<br>6 SEIZED  | 7 RECOVERED<br>U UNKNOWN      | P PHOTO<br>E EVIDENCE          | TOTAL VALUE<br><b>\$ 0</b>                 |   |   |  |
| *LOSS<br>CODE<br><b>E</b>                    | QUANTITY<br><b>1</b>  | DESCRIPTION<br><b>Ruger LCP MAX .380 ACP w 10 Rd Magazine</b>  |   |  | COLOR<br><b>BLK</b>           | *PROP<br>CODE<br><b>44</b>     | *VALUE<br><b>\$ 0</b>                      |   |   |  |
| VICT.<br>NO                                  | VEH.<br>NO  | MAKE/BRAND<br><b>RUGER</b>   |   |  | MODEL<br><b>LCP MAX</b>       | DATE RECOVERED                 |  |   |   |  |
| <b>1</b>                                     | SERIAL<br>NUMBER<br><b>380933123</b>  | NCIC<br>NUMBER   | OTHER<br>NUMBER   |  |                               |                                |  |   |   |  |
| *LOSS<br>CODE                                | QUANTITY  | DESCRIPTION  |   |  | COLOR                         | *PROP<br>CODE                  | *VALUE                                     |   |   |  |
| VICT.<br>NO                                  | VEH.<br>NO  | MAKE/BRAND   |   |  | MODEL                         | DATE RECOVERED                 |  |   |   |  |
| <b> </b>                                     | SERIAL<br>NUMBER  | NCIC<br>NUMBER   | OTHER<br>NUMBER   |  |                               |                                |  |   |   |  |
| *LOSS<br>CODE                                | QUANTITY  | DESCRIPTION  |   |  | COLOR                         | *PROP<br>CODE                  | *VALUE                                     |   |   |  |
| VICT.<br>NO                                  | VEH.<br>NO  | MAKE/BRAND   |   |  | MODEL                         | DATE RECOVERED                 |  |   |   |  |
| <b> </b>                                     | SERIAL<br>NUMBER  | NCIC<br>NUMBER   | OTHER<br>NUMBER   |  |                               |                                |  |   |   |  |
| PROPERTY CODES:                              |   |  |   |  |                               |                                |  |   |   |  |
| EXCHANGE MEDIUMS                             |   | 10 Other Valuables   | 22 Photographic Equipment   | 72 Musical Instruments   | VEHICLES                      | STRUCTURES                     |  |   |   |  |
| 01 Money                                     | PERSONAL EFFECTS  | 11 Clothing/Furs   | 23 Farm Equipment   | 73 Portable Electronic Equip.  | 35 Aircraft                   | 46 Single Occupancy            |  |   |   |  |
| 02 Credit/Debit Card                         | 12 Purses/Handbags/Wallets  | 24 Heavy Construction/Industrial   | 74 Watercraft Equip./Parts/ACC.   | 36 Automobiles   | 47 Other Dwellings            |                                |  |   |   |  |
| 03 Negotiable Instruments                    | 13 Other Personal Effects   | 25 Building Supplies   | 29 Other Equipment  | 37 Bicycles  | 48 Commercial/Bus.            |                                |  |   |   |  |
| 04 Other Exchange Mediums                    | HOUSHOLD ITEMS  | 26 Tools   | CONSUMABLE ITEMS  | 38 Buses   | 49 Indus./Mfg.                |                                |  |   |   |  |
| DOCUMENTS                                    | 14 Household Items  | 27 Vehicle Parts/Accessories   | 30 Alcohol  | 39 Trucks  | 50 Public/Comm.               |                                |  |   |   |  |
| 05 Non-Negotiable Instruments                | EQUIPMENT   | 28 School Supplies   | 32 Consumable Goods   | 40 Trailers  | 51 Storage                    |                                |  |   |   |  |
| 06 Personal Papers                           | 15 Drug/Narcotic Equip.   | 58 Artistic Supplies/Accessories   | 60 Chemicals  | 41 Watercraft  | 52 Other Structure            |                                |  |   |   |  |
| 07 Documents/Personal or<br>Business         | 16 Gambling Equipment   | 59 Camping/Hunting/Fishing   | 61 Crops  | 42 Recreational Veh.   | OTHER                         |                                |  |   |   |  |
| 08 Other Documents                           | 17 Computer Hardware/Soft.  | Equipment/Supplies   | 63 Explosives   | 43 Other Motor Veh.  | 53 Merchandise                |                                |  |   |   |  |
| VALUABLES                                    | 18 Office Equipment   | 67 Law Enforcement Equip.  | 65 Fuel   | 44 Firearms  | 54 Other Property             |                                |  |   |   |  |
| 09 Jewelry/Precious Metals                   | 19 Stereo/TV Equipment  | 68 Lawn/Yard/Garden Equip.   | ANIMALS   | 45 Other Weapons   | 55 Pending Inventory          |                                |  |   |   |  |
| 09 Art Objects, Antiques                     | 20 Recordings - Audio Vis.  | 69 Logging Equipment   | 33 Livestock  | 46 Firearm Accessories   | 66 Identity/Intangible        |                                |  |   |   |  |
|  | 21 Sports Equipment   | 70 Medical/Medical Lab Equip.  | 34 Household Pets   | 64 Firearm Accessories   | 71 Metals, Non-Precious       |                                |  |   |   |  |

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

## SUSPECT / ARREST SUPPLEMENT

ARRESTING AGENCY  
BROOKFIELD POLICE DEPARTMENT

INCIDENT NUMBER

22-002331

|   |  |   |  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|---|--|---|--|---|-----------------------|--|---|---|-----------------------------------|----------------------|-----------|------------|------------|----------------------|---------------|------------|------------------|------------------|---------------------------|-----------------------|-----------------------------------|-----------------------------|-------------------------------|----------|------------------------------------|-----------------|-----------------|---------------------|--------------------|------------------|-----------|--|--|--------------------|--|
| VICTIM  |  |   | OFFENSE<br>O.V.I.  |   |                       | INCIDENT DATE/TIME<br>05-08-2022 18:07 |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| NAME/DESCRIPTIVES   | NO.<br><b>1</b>  | <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE | CHECK APPROPRIATE CATEGORY<br><input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input checked="" type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> CHARGES FILED |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | NAME (Last, First, Middle)<br><b>THOMAS, SHAWN MICHAEL</b>                                   |   |  |   |                       |  |   | GANG AFFILIATION  |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | ALIAS  |   |  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | ADDRESS (Street, Apt., City, State, Zip)<br><b>2180 HUBBARD MASURY RD, HUBBARD, OH 44425</b> |   |  |   |                       |  |   | PHONE<br><b>724-557-4876</b>  |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)                                   |   |  |   |                       |  |   | PHONE   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | PLACE OF BIRTH   |   |  | D.L.#/STATE<br><b>[REDACTED] / OH</b>   |                       |  | OCCUPATION/SCHOOL   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | *AGE/<br>D.O.B<br><b>01-02-1968</b>  | AGE RANGE<br><b>54 - 54</b>   | *SEX<br><b>M</b>   | *RACE<br><input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U  | *HEIGHT<br><b>510</b> | *WEIGHT<br><b>180</b>                  | HAIR<br><b>BRO</b>  | EYES<br><b>BLU</b>  |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | MARITAL STATUS   | SCARS, MARKS, TATTOOS   |  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | ADDITIONAL DESCRIPTIVES  |   |  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | SUSPECTED OF USING<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS        |   | POTENTIAL INJURIES?  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| *RESIDENT STATUS<br><input checked="" type="checkbox"/> 1. RESIDENT <input type="checkbox"/> 2. TOURIST <input type="checkbox"/> 3. MILITARY <input type="checkbox"/> 4. STUDENT <input type="checkbox"/> 5. OTHER (Explain) _____  |  | <input type="checkbox"/> 6. UNKNOWN   |  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| *ARRESTEE WAS ARMED WITH<br>ARRESTEE ARMED WITH 1. <b>12</b> 2. <b>12</b> 3. <b>[REDACTED]</b>  |  |   |  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| <table> <tbody> <tr> <td>99 NONE</td> <td>13B OTHER FULLY AUTOMATIC FIREARM</td> <td>16 IMITATION FIREARM</td> <td>50 POISON</td> </tr> <tr> <td>11 FIREARM</td> <td>14 SHOTGUN</td> <td>17 SIMULATED FIREARM</td> <td>60 EXPLOSIVES</td> </tr> <tr> <td>12 HANDGUN</td> <td>15 OTHER FIREARM</td> <td>18 BB/PELLET GUN</td> <td>65 FIRE/INCENDIARY DEVICE</td> </tr> <tr> <td>12A AUTOMATIC HANDGUN</td> <td>15A SEMI-AUTOMATIC SPORTING RIFLE</td> <td>20 KNIFE/CUTTING INSTRUMENT</td> <td>70 DRUGS/NARCS/SLEEPING PILLS</td> </tr> <tr> <td>13 RIFLE</td> <td>15B SEMI-AUTOMATIC ASSAULT FIREARM</td> <td>30 BLUNT OBJECT</td> <td>80 OTHER WEAPON</td> </tr> <tr> <td>13A FULLY AUTOMATIC</td> <td>15C MACHINE PISTOL</td> <td>35 MOTOR VEHICLE</td> <td>U UNKNOWN</td> </tr> <tr> <td></td> <td></td> <td>40 PERSONAL WEAPON</td> <td></td> </tr> </tbody> </table> |  |   |  |   |                       |  |   | 99 NONE   | 13B OTHER FULLY AUTOMATIC FIREARM | 16 IMITATION FIREARM | 50 POISON | 11 FIREARM | 14 SHOTGUN | 17 SIMULATED FIREARM | 60 EXPLOSIVES | 12 HANDGUN | 15 OTHER FIREARM | 18 BB/PELLET GUN | 65 FIRE/INCENDIARY DEVICE | 12A AUTOMATIC HANDGUN | 15A SEMI-AUTOMATIC SPORTING RIFLE | 20 KNIFE/CUTTING INSTRUMENT | 70 DRUGS/NARCS/SLEEPING PILLS | 13 RIFLE | 15B SEMI-AUTOMATIC ASSAULT FIREARM | 30 BLUNT OBJECT | 80 OTHER WEAPON | 13A FULLY AUTOMATIC | 15C MACHINE PISTOL | 35 MOTOR VEHICLE | U UNKNOWN |  |  | 40 PERSONAL WEAPON |  |
| 99 NONE   | 13B OTHER FULLY AUTOMATIC FIREARM  | 16 IMITATION FIREARM  | 50 POISON  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| 11 FIREARM  | 14 SHOTGUN   | 17 SIMULATED FIREARM  | 60 EXPLOSIVES  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| 12 HANDGUN  | 15 OTHER FIREARM   | 18 BB/PELLET GUN  | 65 FIRE/INCENDIARY DEVICE  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| 12A AUTOMATIC HANDGUN   | 15A SEMI-AUTOMATIC SPORTING RIFLE  | 20 KNIFE/CUTTING INSTRUMENT   | 70 DRUGS/NARCS/SLEEPING PILLS  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| 13 RIFLE  | 15B SEMI-AUTOMATIC ASSAULT FIREARM   | 30 BLUNT OBJECT   | 80 OTHER WEAPON  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| 13A FULLY AUTOMATIC   | 15C MACHINE PISTOL   | 35 MOTOR VEHICLE  | U UNKNOWN  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   |  | 40 PERSONAL WEAPON  |  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| ASSOC. PERSONS  | NAME   |   | ADDRESS (Street, Apt., City, State, Zip)   |   |                       |  | Phone   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | 1.   |   | 1.   |   |                       |  | 1.  |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| 2.  |  | 2.  |  |   |                       | 2.                                     |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| ARREST INFORMATION  | *ARREST/OFFENSE DESCRIPTION  |   |  | *ARREST/OFFENSE CODE  |                       | *F/M & DEGREE                          | *WARRANT #  | *ARREST LARCENY TYPE  |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | 1. <b>O.V.I.</b>   |   |  | 1. <b>4511.19(A)(1)</b>   |                       | 1. <b>M1</b>                           | 1. <b>[REDACTED]</b>  | 1. <b>[REDACTED]</b><br>23A - POCKET PICKING<br>23B - PURSE SNATCHING                 |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | 2. <b>OPEN CONTAINER PROHIBITED</b>  |   |  | 2. <b>4301.62(B)</b>  |                       | 2. <b>MM</b>                           | 2. <b>[REDACTED]</b>  | 2. <b>[REDACTED]</b><br>23C - SHOPLIFTING<br>23D - THEFT FROM BUILDING                |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | 3. <b>[REDACTED]</b>   |   |  | 3. <b>[REDACTED]</b>  |                       | 3. <b>[REDACTED]</b>                   | 3. <b>[REDACTED]</b>  | 3. <b>[REDACTED]</b><br>23E - THEFT FROM COIN-OP MACH.<br>23F - THEFT FROM MOTOR VEH. |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | 4. <b>[REDACTED]</b>   |   |  | 4. <b>[REDACTED]</b>  |                       | 4. <b>[REDACTED]</b>                   | 4. <b>[REDACTED]</b>  | 4. <b>[REDACTED]</b><br>23G - MOTOR VEH. PARTS/ACCES.                                 |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | 5. <b>[REDACTED]</b>   |   |  | 5. <b>[REDACTED]</b>  |                       | 5. <b>[REDACTED]</b>                   | 5. <b>[REDACTED]</b>  | 5. <b>[REDACTED]</b><br>240 - THEFT OF MOTOR VEHICLE<br>23H - OTHER                   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | *ARREST DATE<br><b>05-10-2022</b>  |   | TIME :<br><b>:</b>   | ARREST LOCATION (Street, Apt., City, State, Zip)<br><b>BTPD</b>   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | *INCIDENT TRACKING NUMBER<br><b>22-002331</b>  |   | BOOKING NUMBER   | *ARREST DISPOSITION<br><b>SUM</b>   |                       |  |   | BAIL  |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | MIRANDA WITNESSED BY:<br><b>[REDACTED]</b>   |   |  |   |                       |  |   |   | TIME READ                         |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | <input type="checkbox"/> FINGERPRINTED   |   | FINGERPRINT CARD NO.<br><b>[REDACTED]</b>  | <input type="checkbox"/> PHOTOS TAKEN   | NO. TAKEN             | PHOTO ID NO.                           |   | FBI/BCI#  |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| MULTIPLE ARRESTEE SEGMENTS INDICATOR<br><input checked="" type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE INDICATOR <input type="checkbox"/> N/A   |  |   |  | *ARREST TYPE<br><input type="checkbox"/> IN PROGRESS <input checked="" type="checkbox"/> SUMMONS <input type="checkbox"/> OTHER<br><input type="checkbox"/> COMPLAINANT <input type="checkbox"/> WARRANT <input type="checkbox"/> ORDER OF PROTECTION |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| JUVENILE  | <input type="checkbox"/> JUV. PARENT/GUARDIAN NOTIFIED                                       |   | DATE/TIME NOTIFIED   | NOTIFIED BY   |                       | *JUVENILE DISPOSITION                  | <input type="checkbox"/> HANDLED W/IN DEPT.<br><input type="checkbox"/> REFERRED TO OTHER AUTH. |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)                            |   |  |   |                       | RELATIONSHIP                           |   | PHONE   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)   |  |   |  |   | RELATIONSHIP          |  | PHONE   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| RUNAWAYS /MISSING   | <input type="checkbox"/> PREVIOUS RUNAWAY/ MISSING   |   | DATE OF LAST CONTACT   | DATE OF EMANCIPATION  | NCIC#                 |  |   | DATE/TIME ENTERED   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | LAST SEEN WEARING  |   |  |   |                       |  |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
|   | REPORTING OFFICER/ARRESTING OFFICER<br><b>BIZUB, JOHN</b>                                    |   |  |   |                       |  | BADGE NO.<br><b>2221</b>  | DATE<br><b>05-08-2022</b>   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| APPROVING OFFICER<br><b>DEAN, CODY</b>  |  |   |  |   |                       | BADGE NO.<br><b>2210</b>               | DATE<br><b>05-11-2022</b>   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |
| COURT<br><b>TRUMBULL CO EASTERN DISTRICT COURT</b>  |  |   |  |   |                       | COURT DATE<br><b>05-12-2022</b>        |   |   |                                   |                      |           |            |            |                      |               |            |                  |                  |                           |                       |                                   |                             |                               |          |                                    |                 |                 |                     |                    |                  |           |  |  |                    |  |

**NARRATIVE SUPPLEMENT**

|                                |                          |   |
|--------------------------------|--------------------------|---|
| Investigative Narrative.....   |                          | INCIDENT NUMBER<br><b>22-002331</b>           |
| VICTIM<br><b>STATE OF OHIO</b> | OFFENSE<br><b>O.V.I.</b> | INCIDENT DATE/TIME<br><b>05-08-2022 18:07</b> |

Officers were advised of a crash near the address of 1288 Standard Ave. Officers were further told that the crash possibly involved a utility pole and the driver might be intoxicated as well.

Once on scene, I spoke to Brookfield EMS who said that the driver was in the rear of the ambulance being checked for injuries. I went to the rear doors of the ambulance which were open and spoke with the driver, Shawn Thomas. Shawn was asked what happened. Shawn replied that he went off the road and got up in the guide lines of the pole. Shawn said that he wasn't hurt and just needed a tow truck. I then asked Shawn if he consumed any alcoholic beverages prior to crashing his vehicle. Shawn responded yes he did. Shawn was then asked how many alcoholic beverages he consumed. Shawn then said he had six beers. I told Shawn that once he was done being examined by the Brookfield EMS, I had tests that I would like him to submit to. Shawn agreed to do said tests.

Once Shawn was examined by EMS and signed a refusal, he exited the back of the ambulance to complete Field Sobriety Tests.

**Area of Test**

- Asphalt pavement, free of debris
- Lit by Daylight

**Subjects clothing**

- Hat, Jeans, T-shirt

**Horizontal Gaze Nystagmus**

- Eyes Red and Glassy
- Equal tracking both eyes
- Positive Nystagmus at 45 degrees
- Positive Nystagmus at Maximum Deviation

**One Leg Stand**

- Described and Shown
- Raised right leg for approximately two counts and then dropped foot back to ground
- Stated that he could not complete test

**Walk and Turn**

|                   |  |   |   |   |                                   |
|-------------------|--|---|---|---|-----------------------------------|
| REASON CLEARED    | <input type="checkbox"/> DEATH OF OFFENDER<br><input type="checkbox"/> PROSECUTION DECLINED<br><input type="checkbox"/> EXTRADITION DENIED | <input type="checkbox"/> VICTIM REFUSED TO COOPR.<br><input type="checkbox"/> JUVENILE/NO CUSTODY<br><input checked="" type="checkbox"/> ARREST - ADULT | <input type="checkbox"/> ARREST - JUVENILE<br><input type="checkbox"/> WARRANT ISSUED<br><input type="checkbox"/> INVEST. PENDING | <input type="checkbox"/> CLOSED<br><input type="checkbox"/> UNFOUNDED<br><input type="checkbox"/> INVEST. PENDING | DATE CLEARED<br><b>05-11-2022</b> |
| REPORTING OFFICER | <b>BIZUB, JOHN</b>   |   | BADGE NO.<br><b>2221</b>  | DATE<br><b>05-09-2022</b>   |                                   |
| APPROVING OFFICER | <b>DEAN, CODY</b>  |   | BADGE NO.<br><b>2210</b>  | DATE<br><b>05-11-2022</b>   |                                   |

**NARRATIVE SUPPLEMENT**

|  |  |   |   |   |                                   |
|--|--|---|---|---|-----------------------------------|
|  |  | Investigative Narrative..... <input type="checkbox"/>   | INCIDENT NUMBER<br><b>22-002331</b>   |   |                                   |
| VICTIM<br><br><b>STATE OF OHIO</b>   | OFFENSE<br><br><b>O.V.I.</b>   | INCIDENT DATE/TIME<br><br><b>05-08-2022 18:07</b>   |   |   |                                   |
| <ul style="list-style-type: none"> <li>- Described and Shown</li> <li>- Stated that could not do and refused test</li> </ul> <p>Based on the results of test and refusal to complete additional tests, Shawn Thomas was taken into custody. Shawn was searched per policy with a knife being in his right front pocket as well as an empty holster on his right side.</p> <p>Shawn was asked if he had a gun. Shawn responded that it was in the glovebox in his truck and it was locked up. He was then asked if he had a Concealed Carry Permit for the State of Ohio. Shawn said to me that Ohio was a Constitutional Carry State and he didn't need one. I advised him that the law was not in effect until June and he would still have to have a permit. Upon making that statement to him, Shawn was placed into the rear of Unit 6 for transport. Once I learned the possible location of the firearm, I entered his vehicle. It was a Black Dodge Ram and I located the firearm in his glove compartment which was not locked. I proceeded to find a loaded Ruger LCP Max .380 ACP with one in the chamber which was seized.</p> <p>Once I returned to my vehicle, I contacted Carpenter's towing per rotation to remove the vehicle from the ditch. While waiting for tow truck to arrive, Shawn began complaining that he couldn't breathe. Brookfield EMS, who were still on scene, were advised of the complaint. Shawn was removed from the rear of Unit 6, unsecured and placed back into the rear of the ambulance. Once Shawn was placed into the back of Ambulance he then began complaining of chest pain. Brookfield EMS next prepared Shawn for transport, taking him to UPMC Horizon in Farrell, PA for treatment.</p> <p>Once Carpenter's towing arrived on scene, vehicle was then removed and impounded to the Brookfield PD Impound. An inventory of the vehicle was completed on station due to the extended period in removing the vehicle from the scene.</p> <p>Based on Shawn Thomas being transported to hospital at the time of incident, charges will be filed in Trumbull County Eastern District Court for Carrying Conceal weapons, Improperly Handling of Firearm in a Motor Vehicle and Weapons while Intoxicated and warrants to be gained. Additional Citations for OVI and Failure to Control as well as a Summons for Open Container will be served once he is taken into custody on above charges.</p> |  |   |   |   |                                   |
| REASON CLEARED   | <input type="checkbox"/> DEATH OF OFFENDER<br><input type="checkbox"/> PROSECUTION DECLINED<br><input type="checkbox"/> EXTRADITION DENIED | <input type="checkbox"/> VICTIM REFUSED TO COOPR.<br><input type="checkbox"/> JUVENILE/NO CUSTODY<br><input checked="" type="checkbox"/> ARREST - ADULT | <input type="checkbox"/> ARREST - JUVENILE<br><input type="checkbox"/> WARRANT ISSUED<br><input type="checkbox"/> INVEST. PENDING | <input type="checkbox"/> CLOSED<br><input type="checkbox"/> UNFOUNDED<br><input type="checkbox"/> INVEST. PENDING | DATE CLEARED<br><b>05-11-2022</b> |
| REPORTING OFFICER  | <b>BIZUB, JOHN</b>   |   | BADGE NO.<br><b>2221</b>  | DATE<br><b>05-09-2022</b>   |                                   |
| APPROVING OFFICER  | <b>DEAN, CODY</b>  |   | BADGE NO.<br><b>2210</b>  | DATE<br><b>05-11-2022</b>   |                                   |

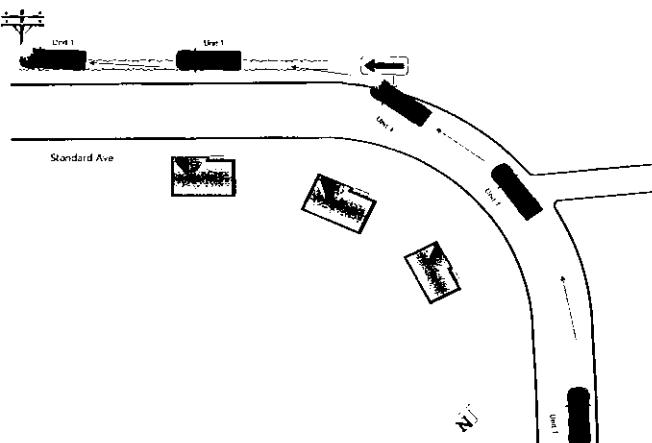
**NARRATIVE SUPPLEMENT**

|   |  |   |   |   |                                   |
|---|--|---|---|---|-----------------------------------|
| Investigative Narrative..... <input type="checkbox"/>   |  | INCIDENT NUMBER<br><b>22-002331</b>   |   |   |                                   |
| VICTIM<br><b>STATE OF OHIO</b>  | OFFENSE<br><b>O.V.I.</b>   | INCIDENT DATE/TIME<br><b>05-08-2022 18:07</b>   |   |   |                                   |
| <p>On 5/10/22, Shawn Thomas came to Brookfield PD in regards to recovering his Truck. Shawn was brought into station and placed into the interview room.</p> <p>Shawn was served with Citation for OVI and Failure to control as well as Summons for Open Container. Shawn was told that his vehicle is being held based on it being his second OVI. Shawn was then questioned in regards to the firearm, when he did admit to placing the firearm into the glovebox when he crashed his vehicle. Shawn was told the additional charges were still under review. Shawn was released with the court date of 5/12/22.</p> |  |   |   |   |                                   |
| REASON CLEARED  | <input type="checkbox"/> DEATH OF OFFENDER<br><input type="checkbox"/> PROSECUTION DECLINED<br><input type="checkbox"/> EXTRADITION DENIED | <input type="checkbox"/> VICTIM REFUSED TO COOPR.<br><input type="checkbox"/> JUVENILE/NO CUSTODY<br><input checked="" type="checkbox"/> ARREST - ADULT | <input type="checkbox"/> ARREST - JUVENILE<br><input type="checkbox"/> WARRANT ISSUED<br><input type="checkbox"/> INVEST. PENDING | <input type="checkbox"/> CLOSED<br><input type="checkbox"/> UNFOUNDED<br><input type="checkbox"/> INVEST. PENDING | DATE CLEARED<br><b>05-11-2022</b> |
| REPORTING OFFICER   | <b>BIZUB, JOHN</b>   |   | BADGE NO.<br><b>2221</b>  | DATE<br><b>05-10-2022</b>   |                                   |
| APPROVING OFFICER   | <b>DEAN, CODY</b>  |   | BADGE NO.<br><b>2210</b>  | DATE<br><b>05-11-2022</b>   |                                   |



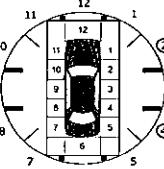
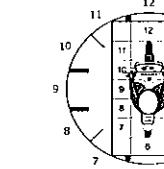
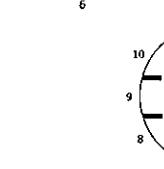
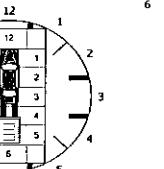
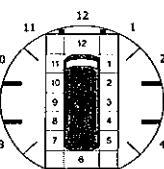
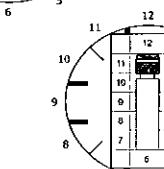
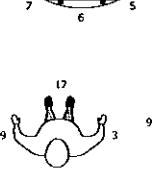
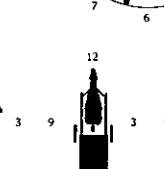
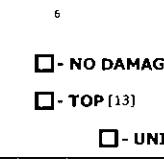
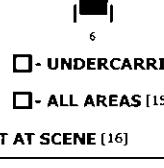
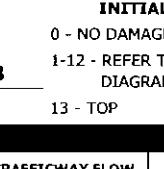
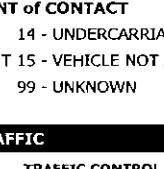
## TRAFFIC CRASH REPORT

\* DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

|  |  |  |                                |  |   |   |   |  |                 |               |
|--|--|--|--------------------------------|--|---|---|---|--|-----------------|---------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN   |  | <input type="checkbox"/> OH-2                    | <input type="checkbox"/> OH-3  | LOCAL INFORMATION  |   | LOCAL REPORT NUMBER *   |   |  |                 |               |
|  |  | <input type="checkbox"/> OH-1P                   | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME *  |   | NCIC *  |   | 22-002331  |                 |               |
|  |  |  |                                | BROOKFIELD POLICE DEPARTMENT   |   | 07813   |   | HIT/SKIP   | NUMBER of UNITS | UNIT in ERROR |
| COUNTY *   |  | LOCALITY *                                       |                                | LOCATION: City, Village, Township *  |   |   |   | 1 - SOLVED   |                 | 98 - ANIMAL   |
| 78   |  | 3  |                                | 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP  |   | BROOKFIELD (TOWNSHIP OF)  |   | 2 - UNSOLVED   | 1               | 01            |
| REFERENCE LOCATION   |  | ROUTE TYPE                                       | ROUTE NUMBER                   | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME<br><b>STANDARD</b>   |   | ROAD TYPE   | CRASH SEVERITY   |                 |               |
|  |  | ROUTE TYPE                                       | ROUTE NUMBER                   | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>1288</b>  |   | ROAD TYPE   | 3 - FATAL<br>2 - SERIOUS INJURY<br>SUSPECTED   |                 |               |
|  |  |  |                                |  |   |   | 3 - MINOR INJURY<br>SUSPECTED   |  |                 |               |
|  |  |  |                                |  |   |   | 4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY   |  |                 |               |
| REFERENCE POINT  |  | DIRECTION From Reference                         |                                | ROUTE TYPE   | ROAD TYPE   |   | INTERSECTION RELATED  |  |                 |               |
| 3  |  | 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE # |                                | IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE  | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                        | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  | <input type="checkbox"/> WITHIN INTERSECTION or ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER of APPROACHES</b><br><b>ROADWAY</b><br><input type="checkbox"/> ROADWAY DIVIDED |  |                 |               |
| DISTANCE From Reference  |  | DISTANCE Unit of Measure                         |                                | CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   |   |   |  |                 |               |
| 150  |  | 2 - FEET<br>3 - YARDS                            |                                |  |   |   |   |  |                 |               |
| LOCATION OF FIRST HARMFUL EVENT  |  |  |                                | Manner of Crash Collision/Impact   |   |   |   | DIRECTION of TRAVEL  |                 | MEDIAN TYPE   |
| 1  |  |  |                                | 1 - NOT COLLISION<br>2 - BETWEEN<br>3 - TWO MOTOR VEHICLES IN TRANSPORT<br>4 - REAR-END<br>5 - HEAD-ON                         | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE<br>9 - OTHER/UNKNOWN | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN                                 |  |                 |               |
| <input type="checkbox"/> WORK ZONE RELATED   |  | <input type="checkbox"/> WORKERS PRESENT         |                                | WORK ZONE TYPE   |   | LOCATION OF CRASH IN WORK ZONE  | CONTOUR   | CONDITIONS   | SURFACE         |               |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT   |  | <input type="checkbox"/> ACTIVE SCHOOL ZONE      |                                | 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER or MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | 1 - BEFORE THE 1ST WORK ZONE<br>2 - ADVANCED WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | 3   | 1   | 2  |                 |               |
| 1  |  | 1  |                                | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   | WEATHER   | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN   | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |                 |               |
| NARRATIVE<br><b>Unit one was traveling northeast bound in the 1300 blk of Standard Ave. Unit one failed to control the vehicle at the bend. Unit one began running off the right side of the road and struck a street sign. Unit one then proceeded forward into ditch. Unit one continued forward striking a guide wire on a utility pole, causing it to be disabled.</b> |  |  |                                |  |   |   |   |  |                 |               |
| <br>Diagram Drawn Not To Scale   |  |  |                                |  |   |   |   |  |                 |               |

| CRASH REPORTED DATE/TIME  |                          | DISPATCH DATE/TIME |                          | ARRIVAL DATE/TIME |                                     | SCENE CLEARED DATE/TIME |  | REPORT TAKEN BY  |  |
|---------------------------|--------------------------|--------------------|--------------------------|-------------------|-------------------------------------|-------------------------|--|--|--|
| 05082022 1807             |                          | 05082022 1809      |                          | 05082022 1815     |                                     | 05082022 2003           |  | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS) |  |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES      | OFFICER'S NAME *         |                   | Checked by OFFICER'S NAME *         |                         |  |  |  |
| 114                       | 15                       | 129                | BIZUB JOHN               |                   | CHIEF FAUSTINO                      |                         |  |  |  |
|                           |                          |                    | OFFICER'S BADGE NUMBER * |                   | Checked by OFFICER'S BADGE NUMBER * |                         |  |  |  |
|                           |                          |                    | 2222                     |                   | 2201                                |                         |  |  |  |

|  |   |  |  |   |   |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
|--|---|--|--|---|---|---|---|--|---|---|---|--|---|---|--|---|--|---|---|--|--|--|---|---|--|--|--|--|---|----|--|--|--|--|--|--|--|--|
| OWNER  |   |  |  | UNIT #  | OWNER NAME: Last, First, Middle   | <input checked="" type="checkbox"/> SAME AS DRIVER  | OWNER PHONE: Include Area Code  | <input checked="" type="checkbox"/> SAME AS DRIVER |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
|  |   |  |  | 01  | THOMAS SHAWN MICHAEL  |   | (724) 557-4976  |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| OWNER ADDRESS: City, State, Zip  |   |  |  | <input checked="" type="checkbox"/> SAME AS DRIVER  |   |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| 2180 HUBBARD MASURY RD   |   |  |  | HUBBARD   |   | OH 44425  |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| COMMERCIAL CARRIER: Name   |   |  |  | Commercial Carrier PHONE: Include Area Code   |   |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| COMMERCIAL CARRIER: Address, City, State, Zip  |   |  |  |   |   |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| LP STATE   |   | LICENSE PLATE #  | VEHICLE IDENTIFICATION #   |   | VEHICLE YEAR  | VEHICLE MAKE  |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| OH   |   | JJX5815  | 1C6RR7FG6HS522227  |   | 2017  | DODGE   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED   |   | INSURANCE COMPANY  |  | INSURANCE POLICY #  | COLOR   | VEHICLE MODEL   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
|  |   |  |  |   | BLACK   | RAM   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| TYPE of USE  |   |  |  | US DOT #  | TOWED BY: Company Name  |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |   |  |  |   |   |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| INTERLOCK DEVICE EQUIPPED  |   | #OCCUPANTS   | VEHICLE WEIGHT GVWR/GCWR   |   | HAZARDOUS MATERIAL  |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/>  |   | <input checked="" type="checkbox"/> HIT/SKIP UNIT  | 1 - <= 5,000 LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS.   |   | MATERIAL CLASS # PLACARD ID #<br>RELEASED<br><input checked="" type="checkbox"/> PLACARD  |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
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| # OF TRAILING UNITS  |   |  |  |   |   |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
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| 5  | 37  | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT  | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN                      |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| <table border="0"> <tr> <td>1</td> <td>44</td> <td colspan="8"></td> </tr> <tr> <td>4</td> <td>40</td> <td colspan="8"></td> </tr> <tr> <td>6</td> <td>37</td> <td colspan="8"></td> </tr> </table>  |   |  |  |   |   |   |   |  | 1   | 44  |   |  |   |   |  |   |  |   | 4 | 40   |  |  |   |   |  |  |  |  | 6 | 37 |  |  |  |  |  |  |  |  |
| 1  | 44  |  |  |   |   |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| 4  | 40  |  |  |   |   |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| 6  | 37  |  |  |   |   |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| <table border="0"> <tr> <td>1</td> <td>FIRST HARMFUL EVENT</td> <td>4</td> <td>MOST HARMFUL EVENT</td> </tr> </table>  |   |  |  |   |   |   |   |  | 1   | FIRST HARMFUL EVENT   | 4   | MOST HARMFUL EVENT   |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |
| 1  | FIRST HARMFUL EVENT   | 4  | MOST HARMFUL EVENT   |   |   |   |   |  |   |   |   |  |   |   |  |   |  |   |   |  |  |  |   |   |  |  |  |  |   |    |  |  |  |  |  |  |  |  |

|   |                       |
|---|-----------------------|
| LOCAL REPORT NUMBER   |                       |
| 22-002331   |                       |
| DAMAGE  |                       |
| DAMAGE SCALE  |                       |
| 1 - NONE  | 3 - FUNCTIONAL DAMAGE |
| 2 - MINOR DAMAGE  | 4 - DISABLING DAMAGE  |
| 9 - UNKNOWN   |                       |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |                       |
|             |                       |
| <input type="checkbox"/> NO DAMAGE [0] <input checked="" type="checkbox"/> UNDERCARRIAGE [14]   |                       |
| <input type="checkbox"/> TOP [13] <input checked="" type="checkbox"/> ALL AREAS [15]  |                       |
| <input type="checkbox"/> UNIT NOT AT SCENE [16]   |                       |
| INITIAL POINT of CONTACT  |                       |
| 0 - NO DAMAGE    14 - UNDERCARRIAGE   |                       |
| 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  |                       |
| DIAGRAM    99 - UNKNOWN   |                       |
| 3    13 - TOP   |                       |
| TRAFFIC   |                       |
| TRAFFIC WAY FLOW  |                       |
| 1 - ONE-WAY    2 - TWO-WAY  |                       |
| <input checked="" type="checkbox"/> ONE-WAY [6]    5 - YIELD SIGN<br>2 - SIGNAL    3 - FLASHER    6 - NO CONTROL  |                       |
| # of THROUGH LANES ON ROAD  |                       |
| <input checked="" type="checkbox"/> 2 [1]    1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING  |                       |
| RAIL GRADE CROSSING   |                       |
| 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |                       |
| UNIT/NON-MOTORIST DIRECTION   |                       |
| 1 - NORTH    5 - NORTHEAST<br>2 - SOUTH    6 - NORTHWEST<br>3 - EAST    7 - SOUTHEAST<br>4 - WEST    8 - SOUTHWEST<br>9 - OTHER / UNKNOWN   |                       |
| FROM 5 To 6   |                       |
| UNIT SPEED  |                       |
| 1 - STATED / ESTIMATED SPEED<br>45  |                       |
| 2 - CALCULATED / EDR  |                       |
| 3 - UNDETERMINED  |                       |
| POSTED SPEED  |                       |
| 35  |                       |



# MOTORIST / Non - MOTORIST

| LOCAL REPORT NUMBER<br>22-002331              |   |  |   |   |  |  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
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| MOTORIST / NON-MOTORIST                       | UNIT #  | NAME: LAST, FIRST, MIDDLE  |   |   |  | DATE OF BIRTH                                    |   | AGE              | GENDER          | 01              | THOMAS SHAWN MICHAEL  |  |  |  | 01/02/1968 |  | 54 | M | ADDRESS: STREET, CITY, STATE, ZIP |  |  |  |  |  |  |  |  |  | 2180 HUBBARD MASURY RD HUBBARD OH 44425 |  |  |  |  |  |  |  |  |  | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED | CONTACT PHONE - INCLUDE AREA CODE<br>(724) 557-4976 |  |  |  | 3 | 2 | BROOKFIELD EMS | UPMC HORIZON |  | 99 | <input type="checkbox"/> DOT-Compliant MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | OL STATE | OPERATOR LICENSE NUMBER |  |  | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |  |  | CITATION NUMBER | OH |  |  |  | 4511.19(A)1(A) | <input type="checkbox"/> | OVI |  |  |  | 022370 | OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST |  | DRUG TEST(S) |  | 4 |  |  | 1 | <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | 2 | 1 | 1 | 1 | 1 | UNIT # | NAME: LAST, FIRST, MIDDLE |  |  |  |  | DATE OF BIRTH |  | AGE | GENDER | ADDRESS: STREET, CITY, STATE, ZIP |  |  |  |  |  |  |  |  |  | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-Compliant MC HELMET |  |  |  | OL STATE | OPERATOR LICENSE NUMBER |  |  | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |  |  | CITATION NUMBER | OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST |  | DRUG TEST(S) |  |  |  |  |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | UNIT # | NAME: LAST, FIRST, MIDDLE |  |  |  |  | DATE OF BIRTH |  | AGE | GENDER | ADDRESS: STREET, CITY, STATE, ZIP |  |  |  |  |  |  |  |  |  | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-Compliant MC HELMET |  |  |  | OL STATE | OPERATOR LICENSE NUMBER |  |  | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |  |  | CITATION NUMBER | OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST |  | DRUG TEST(S) |  |  |  |  |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | INJURIES |  | SEATING POSITION | AIR BAG |  | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION |  | TEST STATUS |  | 1 - FATAL | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 1 - CLASS A |  | 1 - NOT DISTRACTED | 1 - NONE GIVEN | 2 - SUSPECTED SERIOUS INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B |  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED | 3 - SUSPECTED MINOR INJURY | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 3 - CLASS C |  | 3 - CORRECTIVE LENSES | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE | 4 - REGULAR CLASS (OHIO = D) |  | 4 - FARM WAIVER | 4 - TEST GIVEN, RESULTS KNOWN | 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - M/C MOPED ONLY |  | 5 - EXCEPT CLASS A BUS | 5 - TEST GIVEN, RESULTS UNKNOWN | INJURED TAKEN BY |  | 6 - SECOND - RIGHT SIDE | 6 - NO VALID OL |  | 6 - EXCEPT CLASS A & CLASS B BUS | ALCOHOL TEST TYPE |  |  |  | 1 - NOT TRANSPORTED /TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 7 - NOT EJECTED | 7 - HAZMAT |  | 7 - EXCEPT TRACTOR-TRAILER | 1 - NONE | 2 - EMS | 8 - THIRD - MIDDLE | 8 - PARTIALLY EJECTED | 8 - MOTORCYCLE |  | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 2 - BLOOD | 3 - POLICE | 9 - THIRD - RIGHT SIDE | 9 - TOTALLY EJECTED | 9 - PASSENGER |  | 9 - LEARNER'S PERMIT RESTRICTIONS | 3 - URINE | 9 - OTHER / UNKNOWN | 10 - SLEEPER SECTION OF TRUCK CAB | 10 - NOT APPLICABLE | 10 - TANKER |  | 10 - LIMITED TO DAYLIGHT ONLY | 4 - BREATH | SAFETY EQUIPMENT |  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 11 - MOTOR SCOOTER |  | 11 - LIMITED TO EMPLOYMENT | 5 - OTHER | 1 - NONE USED | 12 - PASSENGER IN UNECLOSED CARGO AREA | 12 - NOT TRAPPED | 12 - THREE-WHEEL MOTORCYCLE |  | 12 - LIMITED - OTHER | DRUG TEST TYPE |  |  |  | 2 - SHOULDER BELT ONLY USED | 13 - TRAILING UNIT | 13 - EXTRICATED BY MECHANICAL MEANS | 13 - SCHOOL BUS |  | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 1 - NONE | 3 - LAP BELT ONLY USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 14 - FREED BY NON-MECHANICAL MEANS | 14 - T - DOUBLE & TRIPLE TRAILERS |  | 14 - MILITARY VEHICLES ONLY | 2 - BLOOD | 4 - SHOULDER & LAP BELT USED | 15 - NON-MOTORIST | 15 - NOT APPLICABLE | 15 - X - TANKER/HAZMAT |  | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 3 - URINE | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 99 - OTHER / UNKNOWN | 16 - OUTSIDE MIRROR | 16 - F - FEMALE |  | 16 - APPARENTLY NORMAL | 4 - OTHER | 6 - CHILD RESTRAINT SYSTEM - REAR FACING |  | 17 - PROSTHETIC AID | 17 - M - MALE |  | 17 - PHYSICAL IMPAIRMENT | DRUG TEST RESULT(S) |  |  |  | 7 - BOOSTER SEAT |  | 18 - OTHER | 18 - U - OTHER / UNKNOWN |  | 18 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 1 - AMPHETAMINES | 8 - HELMET USED |  |  |  |  | 4 - ILLNESS | 2 - BARBITURATES | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |  |  |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 3 - BENZODIAZEPINES | 10 - REFLECTIVE CLOTHING |  |  |  |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 4 - CANNABINOID | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY |  |  |  |  | 9 - OTHER / UNKNOWN | 5 - COCAINE | 99 - OTHER / UNKNOWN |  |  |  |  |  | 6 - OPIATES/OPIOIDS |  |  |  |  |  |  | 7 - OTHER |  |  |  |  |  |  | 8 - NEGATIVE RESULTS |
|   | UNIT #  | NAME: LAST, FIRST, MIDDLE  |   |   |  | DATE OF BIRTH                                    |   | AGE              | GENDER          |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | 01  | THOMAS SHAWN MICHAEL   |   |   |  | 01/02/1968                                       |   | 54               | M               |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP                   |  |   |   |  |  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | 2180 HUBBARD MASURY RD HUBBARD OH 44425             |  |   |   |  |  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | INJURIES  | INJURED TAKEN BY   | EMS AGENCY (NAME)                               | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |  | SAFETY EQUIPMENT USED                            | CONTACT PHONE - INCLUDE AREA CODE<br>(724) 557-4976 |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | 3   | 2  | BROOKFIELD EMS                                  | UPMC HORIZON  |  | 99   | <input type="checkbox"/> DOT-Compliant MC HELMET    | SEATING POSITION | AIR BAG USAGE   | EJECTION        |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | OL STATE  | OPERATOR LICENSE NUMBER  |   |   | OFFENSE CHARGED  | LOCAL CODE                                       | OFFENSE DESCRIPTION                                 |                  |                 | CITATION NUMBER |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | OH  |  |   |   | 4511.19(A)1(A)   | <input type="checkbox"/>                         | OVI   |                  |                 |                 | 022370                |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | OL CLASS  | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3                      | DRIVER DISTRACTED BY  | ALCOHOL / DRUG SUSPECTED   | CONDITION  | ALCOHOL TEST  |                  | DRUG TEST(S)    |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 4   |   |  | 1   | <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | 2  | 1  | 1   | 1                | 1               |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| UNIT #  | NAME: LAST, FIRST, MIDDLE                           |  |   |   |  | DATE OF BIRTH                                    |   | AGE              | GENDER          |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP             |   |  |   |   |  |  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| INJURIES                                      | INJURED TAKEN BY                                    | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |   | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-Compliant MC HELMET |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL STATE                                      | OPERATOR LICENSE NUMBER                             |  |   | OFFENSE CHARGED   | LOCAL CODE   | OFFENSE DESCRIPTION                              |   |                  | CITATION NUMBER |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL CLASS                                      | ENDORSEMENT SELECT UP TO 2                          | RESTRICTION SELECT UP TO 3   | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED  | CONDITION  | ALCOHOL TEST                                     |   | DRUG TEST(S)     |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |   |  |   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG            |  | STATUS   | TYPE  | VALUE            | STATUS          | TYPE            | RESULT SELECT UP TO 4 |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| UNIT #  | NAME: LAST, FIRST, MIDDLE                           |  |   |   |  | DATE OF BIRTH                                    |   | AGE              | GENDER          |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP             |   |  |   |   |  |  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| INJURIES                                      | INJURED TAKEN BY                                    | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |   | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-Compliant MC HELMET |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL STATE                                      | OPERATOR LICENSE NUMBER                             |  |   | OFFENSE CHARGED   | LOCAL CODE   | OFFENSE DESCRIPTION                              |   |                  | CITATION NUMBER |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL CLASS                                      | ENDORSEMENT SELECT UP TO 2                          | RESTRICTION SELECT UP TO 3   | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED  | CONDITION  | ALCOHOL TEST                                     |   | DRUG TEST(S)     |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |   |  |   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG            |  | STATUS   | TYPE  | VALUE            | STATUS          | TYPE            | RESULT SELECT UP TO 4 |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| INJURIES                                      |   | SEATING POSITION   | AIR BAG   |   | OL CLASS   | OL RESTRICTION(S)                                | DRIVER DISTRACTION                                  |                  | TEST STATUS     |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - FATAL                                     | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)           | 1 - NOT DEPLOYED   | 1 - CLASS A                                     |   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                   |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - SUSPECTED SERIOUS INJURY                  | 2 - FRONT - MIDDLE                                  | 2 - DEPLOYED FRONT   | 2 - CLASS B                                     |   | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                                 |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - SUSPECTED MINOR INJURY                    | 3 - FRONT - RIGHT SIDE                              | 3 - DEPLOYED SIDE  | 3 - CLASS C                                     |   | 3 - CORRECTIVE LENSES  | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE   |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 4 - POSSIBLE INJURY                           | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)       | 4 - DEPLOYED BOTH FRONT/SIDE   | 4 - REGULAR CLASS (OHIO = D)                    |   | 4 - FARM WAIVER  | 4 - TEST GIVEN, RESULTS KNOWN                    |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5 - NO APPARENT INJURY                        | 5 - SECOND - MIDDLE                                 | 5 - NOT APPLICABLE   | 5 - M/C MOPED ONLY                              |   | 5 - EXCEPT CLASS A BUS   | 5 - TEST GIVEN, RESULTS UNKNOWN                  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| INJURED TAKEN BY                              |   | 6 - SECOND - RIGHT SIDE  | 6 - NO VALID OL                                 |   | 6 - EXCEPT CLASS A & CLASS B BUS   | ALCOHOL TEST TYPE                                |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - NOT TRANSPORTED /TREATED AT SCENE         | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)         | 7 - NOT EJECTED  | 7 - HAZMAT                                      |   | 7 - EXCEPT TRACTOR-TRAILER   | 1 - NONE   |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - EMS                                       | 8 - THIRD - MIDDLE                                  | 8 - PARTIALLY EJECTED  | 8 - MOTORCYCLE                                  |   | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 2 - BLOOD  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - POLICE                                    | 9 - THIRD - RIGHT SIDE                              | 9 - TOTALLY EJECTED  | 9 - PASSENGER                                   |   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 3 - URINE  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 9 - OTHER / UNKNOWN                           | 10 - SLEEPER SECTION OF TRUCK CAB                   | 10 - NOT APPLICABLE  | 10 - TANKER                                     |   | 10 - LIMITED TO DAYLIGHT ONLY  | 4 - BREATH                                       |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| SAFETY EQUIPMENT                              |   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 11 - MOTOR SCOOTER                              |   | 11 - LIMITED TO EMPLOYMENT   | 5 - OTHER  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - NONE USED                                 | 12 - PASSENGER IN UNECLOSED CARGO AREA              | 12 - NOT TRAPPED   | 12 - THREE-WHEEL MOTORCYCLE                     |   | 12 - LIMITED - OTHER   | DRUG TEST TYPE                                   |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - SHOULDER BELT ONLY USED                   | 13 - TRAILING UNIT                                  | 13 - EXTRICATED BY MECHANICAL MEANS  | 13 - SCHOOL BUS                                 |   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)   | 1 - NONE   |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - LAP BELT ONLY USED                        | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 14 - FREED BY NON-MECHANICAL MEANS   | 14 - T - DOUBLE & TRIPLE TRAILERS               |   | 14 - MILITARY VEHICLES ONLY  | 2 - BLOOD  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 4 - SHOULDER & LAP BELT USED                  | 15 - NON-MOTORIST                                   | 15 - NOT APPLICABLE  | 15 - X - TANKER/HAZMAT                          |   | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 3 - URINE  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 99 - OTHER / UNKNOWN                                | 16 - OUTSIDE MIRROR  | 16 - F - FEMALE                                 |   | 16 - APPARENTLY NORMAL   | 4 - OTHER  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |   | 17 - PROSTHETIC AID  | 17 - M - MALE                                   |   | 17 - PHYSICAL IMPAIRMENT   | DRUG TEST RESULT(S)                              |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 7 - BOOSTER SEAT                              |   | 18 - OTHER   | 18 - U - OTHER / UNKNOWN                        |   | 18 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                   | 1 - AMPHETAMINES                                 |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 8 - HELMET USED                               |   |  |   |   | 4 - ILLNESS  | 2 - BARBITURATES                                 |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |   |  |   |   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3 - BENZODIAZEPINES                              |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 10 - REFLECTIVE CLOTHING                      |   |  |   |   | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - CANNABINOID                                  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |   |  |   |   | 9 - OTHER / UNKNOWN  | 5 - COCAINE                                      |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 99 - OTHER / UNKNOWN                          |   |  |   |   |  | 6 - OPIATES/OPIOIDS                              |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |   |  |   |   |  | 7 - OTHER  |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |   |  |   |   |  | 8 - NEGATIVE RESULTS                             |   |                  |                 |                 |                       |  |  |  |            |  |    |   |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |   |  |  |  |   |   |                |              |  |    |  |                  |               |          |          |                         |  |  |                 |            |                     |  |  |                 |    |  |  |  |                |                          |     |  |  |  |        |          |                            |                            |                      |                          |           |              |  |              |  |   |  |  |   |   |   |   |   |   |   |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |        |                           |  |  |  |  |               |  |     |        |                                   |  |  |  |  |  |  |  |  |  |          |                  |                   |   |  |                       |  |  |  |  |          |                         |  |  |                 |            |                     |  |  |                 |          |                            |                            |                      |                          |           |              |  |              |  |  |  |  |  |  |  |        |      |       |        |      |                       |          |  |                  |         |  |          |                   |                    |  |             |  |           |   |                  |             |  |                    |                |                              |                    |                    |             |  |  |                  |                            |                        |                   |             |  |                       |  |                     |   |                              |                              |  |                 |                               |                        |                     |                    |                    |  |                        |                                 |                  |  |                         |                 |  |                                  |                   |  |  |  |                                       |   |                 |            |  |                            |          |         |                    |                       |                |  |                                       |           |            |                        |                     |               |  |                                   |           |                     |                                   |                     |             |  |                               |            |                  |  |  |                    |  |                            |           |               |  |                  |                             |  |                      |                |  |  |  |                             |                    |                                     |                 |  |  |          |                        |   |                                    |                                   |  |                             |           |                              |                   |                     |                        |  |  |           |   |                      |                     |                 |  |                        |           |  |  |                     |               |  |                          |                     |  |  |  |                  |  |            |                          |  |  |                  |                 |  |  |  |  |             |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                 |   |  |  |  |  |                     |             |                      |  |  |  |  |  |                     |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |



TRUMBULL COUNTY EASTERN DISTRICT COURT

7130 BROOKWOOD DRIVE  
BROOKFIELD, OHIO 44403  
Phone: (330) 675-7900  
Fax: (330) 448-6332

RE: Court Case Number : 2022 TRC 00212 E

**RELEASE OF VEHICLE**

Offender Name : SHAWN M THOMAS

Dear Sir/Madam:

Vehicle to be released to owner upon payment of towing and storage fees.

If you have any questions, please contact the Court.

HONORABLE MARTY D. NOSICH, JUDGE



*Darlene D. Emrick*

Darlene D. Emrick, Clerk of Court

F. POLOMSKY, DEPUTY CLERK

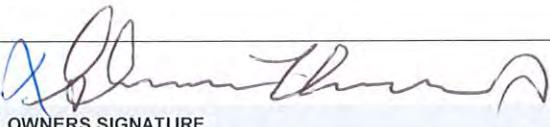
Dated: 5/12/2022

BROOKFIELD TOWNSHIP POLICE DEPARTMENT  
6844 STRIMBU DR. BROOKFIELD, OH 44403  
PHONE: (330) 448-6960 FAX: (330) 448-4267

INCIDENT NUMBER:

22-002331

## TOW INVOICE

|   |                |                                     |  |  |
|---|----------------|-------------------------------------|--|--|
| DATE TOWED:<br>5/8/2022   | TIME<br>1950   | LOCATION<br>TOWED:<br>1288 STANDARD |  |  |
| OWNER NAME:<br>SHAWN THOMAS   |                | Phone:<br>724-557-4876              |  |  |
| ADDRESS:<br>2180 HUBBARD MASURY RD  |                | CITY:<br>HUBBARD                    | STATE:<br>OH                             | ZIP:<br>44425  |
| YEAR:<br>2017   | MAKE:<br>Dodge | MODEL:<br>RAM                       | COLOR:<br>Black                          | LICENSE PLATE NO./STATE<br>JJX5815 / OH  |
| VIN:<br>1C6RR7FG6HS522276   |                |                                     |  | POLICE/COURT HOLD?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>COURT |
| REASON FOR TOW:<br><input type="checkbox"/> ABANDONED <input type="checkbox"/> INCIDENT TO ARREST <input type="checkbox"/> EXPIRED REGISTRATION <input type="checkbox"/> OTHER<br><input type="checkbox"/> WARRANT <input type="checkbox"/> ILLEGALLY PARKED/SNOW <input type="checkbox"/> DUS <input checked="" type="checkbox"/> OVI  |                |                                     |  |  |
| TOW COMPANY:<br>CARPENTER'S   |                | TOW OPERATOR:                       |  | ENTERED TOWED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO              |
| VEHICLE RELEASE INFORMATION/CHARGES   |                |                                     |  |  |
| TOW CHARGE: \$106.75 (INCLUDES TAX)   |                |                                     |  |  |
| ADMINISTRATION FEE: \$ 45.00  |                |                                     |  |  |
| DAILY STORAGE FEE: FROM 5/10/2022 TO 5/12/22 \$25.00 X DAYS <span style="float: right;">-O-</span>  |                |                                     |  |  |
| EXTRA CHARGES, IF APPLICABLE: \$ (INCLUDES TAX)   |                |                                     |  |  |
| TOTAL DUE: \$ 151.75  |                |                                     |  |  |
| TOTAL CHARGES RECEIVED: <u>151.75</u>   |                | DATE RECEIVED: <u>5/12/22</u>       | <input checked="" type="checkbox"/> CASH | <input type="checkbox"/> BANK CHECK  |
| PAYMENT RECEIVED BY: <u>T.Dickson</u>   |                | RECEIPT NO.: <u>316252</u>          |  |  |
| PROVIDED PROOF OF OWNERSHIP, INSURANCE, COURT RELEASE (IF APPLICABLE) AND VALID DRIVERS LICENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO***<br>*** If no, do not release vehicle without authorization from the Chief of Police  |                |                                     |  |  |
| ACKNOWLEDGEMENT:  |                |                                     |  |  |
| I HEREBY ACKNOWLEDGE THAT I HAVE RECLAIMED A MOTOR VEHICLE FROM THE BROOKFIELD TOWNSHIP<br>IMPOUND LOT, AND THAT SAID MOTOR VEHICLE WAS IN THE SAME CONDITION AS WHEN IT WAS PREVIOUSLY<br>IN MY POSSESSION. I FURTHER ACKNOWLEDGE THAT I RECEIVED A COPY OF THE VEHICLE INVENTORY THAT<br>WAS PERFORMED WHEN MY VEHICLE WAS IMPOUNDED, AND I HEREBY RELEASE, INDEMNIFY AND HOLD<br>BROOKFIELD TOWNSHIP, ITS OFFICIALS, AGENTS, REPRESENTATIVES AND EMPLOYEES HARMLESS FROM<br>ANY AND ALL CLAIMS FOR DAMAGE TO, AND LOST OR STOLEN PROPERTY FROM SAID VEHICLE. |                |                                     |  |  |
| REMARKS:  |                |                                     |  |  |
| <br>OWNERS SIGNATURE  |                | 5-12-22<br>DATE                     |  |  |

BROOKFIELD TOWNSHIP POLICE DEPARTMENT  
6844 STRIMBU DR. BROOKFIELD, OH 44403  
PHONE: (330) 448-6960 FAX: (330) 448-4267

INCIDENT NUMBER:

22-002331

## TOWED VEHICLE

### INCIDENT AND VEHICLE INFORMATION

|  |   |   |
|--|---|---|
| DATE TOWED:<br><i>5-8-22</i>   | TIME TOWED:<br><i>1950</i>  | REASON TOWED:<br><i>OVI CRASH</i>   |
| LOCATION VEHICLE TOWED FROM:<br><i>STANDARD (1280 STANDARS) @ Bens</i>   |   |   |
| YEAR:<br><i>2017</i>   | MAKE:<br><i>Dodge</i>   | MODEL:<br><i>RAM</i>  |
| REG. PLATE:<br><i>JJX5815</i>  | STATE:<br><i>OH</i>   | VIN:<br><i>IC6RR7FG6H5522276</i>  |
| REG. OWNER NAME:<br><i>SHAWN THOMAS</i>  | ADDRESS:<br><i>2180 HUBBARD MASONRY RD HUBBARD, OH</i>                                    | TEL:<br><i>721-557-4876</i>   |
| OPERATOR NAME:<br><i>SHAWN THOMAS</i>  | ADDRESS:<br><i>2180 HUBBARD MASONRY RD HUBBARD, OH</i>                                    | TEL:<br><i>721-557-4876</i>   |
| KEYS:<br><input checked="" type="checkbox"/> IGNITION KEY W/ VEHICLE <input type="checkbox"/> ALL KEYS W/ VEHICLE <input type="checkbox"/> NO KEYS W/ VEHICLE        | VEHICLE INVENTORY:<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |   |
| TOW COMPANY USED:<br><i>CARPENTERS</i>   |   |   |
| LOCATION STORED:<br><input type="checkbox"/> TOW COMPANY IMPOUND LOT <input checked="" type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> OTHER (SPECIFY): |   | ENTERED TOWED:<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

### HOLD & VEHICLE RELEASE INFORMATION

|  |  |  |
|--|--|--|
| <input type="checkbox"/> NO HOLD<br>MAY BE RELEASED TO REGISTERED OWNER WITH PROPER IDENTIFICATION AND PAYMENT OF FEES | <input checked="" type="checkbox"/> HOLD<br>DO NOT RELEASE WITHOUT WRITTEN POLICE AUTHORIZATION<br>REASON FOR HOLD:<br><i>Police OVI</i> | Vehicle releases from the Police Department will be done Monday through Friday from 8AM - 3:30PM. Needed at time of pick up: Court docket releasing vehicle if there is a hold; proof of ownership; current registration and plates/sticker; proof of insurance; valid drivers or towing arrangements. Cash, bank checks and money orders only. No personal checks, credit cards or payment plans.<br>Please call number above for fee schedule and to make arrangements for pickup. |
| SUBJECT TO FORFEITURE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN        |  |  |

### 4510.14 - DRIVING UNDER OVI SUSPENSION / 4510.16 - DRIVING UNDER FRA SUSPENSION / 4511.203 WRONGFUL ENTRUSTMENT: VEHICLE SEIZURE NOTIFICATION

Pursuant to ORC 4510.41, arresting officer shall seize this vehicle and/or license plates driven by arrested person. Said vehicle and/or license plates will be kept by the officer's law enforcement agency or will be immobilized at least until person's first appearance in the court on the charge for the offense for which the arrest and vehicle seizure took place. Release of the vehicle and/or license plates can only be made by Court Order.

### 4511.19 or 4511.191 OVI with PREVIOUS CONVICTION Within 10 Years OR Felony OVI Regardless of Time: VEHICLE SEIZURE NOTIFICATION

Pursuant to ORC 4511.195, arresting officer shall seize this vehicle and/or license plates driven by arrested person. Said vehicle and/or license plates will be kept by the officer's law enforcement agency or will be immobilized at least until person's first appearance in the court on the charge for the offense for which the arrest and vehicle seizure took place. Release of the vehicle and/or license plates can only be made by Court Order.

### DAMAGE

|   |  |  |                                    |
|---|--|--|------------------------------------|
| <input type="checkbox"/> BUMPER - <input type="checkbox"/> FRT <input type="checkbox"/> REAR  | <input type="checkbox"/> HOOD                | <input checked="" type="checkbox"/> SIDE MIRRORS | <input type="checkbox"/> SEATS     |
| <input checked="" type="checkbox"/> DOOR - <input type="checkbox"/> DSF <input type="checkbox"/> PSF <input type="checkbox"/> DSR <input checked="" type="checkbox"/> PSR     | <input type="checkbox"/> ROOF                | <input checked="" type="checkbox"/> ANTENNA      | <input type="checkbox"/> CONSOLE   |
| <input checked="" type="checkbox"/> QUAR PNL - <input type="checkbox"/> DSF <input type="checkbox"/> PSF <input type="checkbox"/> DSR <input checked="" type="checkbox"/> PSR | <input type="checkbox"/> TRUNK               | <input type="checkbox"/> WIPERS                  | <input type="checkbox"/> CARPET    |
| <input type="checkbox"/> TIRES/WHEELS - <input type="checkbox"/> DSF <input type="checkbox"/> PSF <input type="checkbox"/> DSR <input type="checkbox"/> PSR                   | <input type="checkbox"/> EXHAUST             | <input type="checkbox"/> LIGHTS (Specify):       | <input type="checkbox"/> HEADLINER |
| <input type="checkbox"/> GLASS - <input type="checkbox"/> WHNSLD <input type="checkbox"/> DOORS <input type="checkbox"/> REAR <input type="checkbox"/> SUNROOF                | <input type="checkbox"/> ENGINE/TRANSMISSION | <input type="checkbox"/> DASH                    | <input type="checkbox"/> OTHER:    |

### VEHICLE CONDITION / INVENTORY / REMARKS

#### VEHICLE CONDITION REMARKS:

PASSENGER COMPARTMENT: \$6.00/CASH, BINDER STRAPS, GLOVES, HAT, LOCK BOX

CHAIN, RADAR DETECTOR, GPS, VARIOUS CLOTHING, MORE, LONG CROWBAR/TAKKOLINE, BAIL BENCH, POWER SUPPLY

TRUNK/BED: BX WIRING, BINDER STRAPS, WINDSHIELD WASHER FLUID

#### OTHER:

We the undersigned officer(s) and tow truck driver(s), hereby certify that the above listed joint property inventory is correct to the best of our knowledge and the tow truck driver(s) and/or garage owner(s) accept all responsibility for this vehicle while in our custody.

*[Signature]*

TOW TRUCK DRIVER

*PA. 881*  
IMPOUNDING OFFICER

2221

BADGE NO.

|                                   |           |
|-----------------------------------|-----------|
| INCIDENT NUMBER:                  | 22-002331 |
| <b>TOW COMMUNICATION TRACKING</b> |           |

| DATE TOWED: <b>5/8/2022</b>  | YEAR: <b>2017</b>                 | MAKE: <b>DODGE</b>  | MODEL: <b>RAM</b>   |
|--|-----------------------------------|---|---|
| OWNER:<br><b>SHAWN THOMAS</b>  | PHONE NUMBER: <b>724-557-4876</b> |   |   |
| <b>ITEMS REQUIRED FOR RELEASE</b>  |                                   |   |   |
| <input checked="" type="checkbox"/> TWO VALID DRIVERS<br><input type="checkbox"/> VALID REGISTRATION |                                   | <input type="checkbox"/> PROOF OF OWNERSHIP<br><input checked="" type="checkbox"/> PROOF OF INSURANCE   | <input checked="" type="checkbox"/> COURT RELEASE<br><input type="checkbox"/> MUST BE TOWED                             |
| <b>COMMUNICATION AND ACTIVITY LOG</b>  |                                   |   |   |
| CERTIFIED LETTER DUE BY:<br>(5 BUSINESS DAYS)  |                                   | ENTERED TOW:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | REMOVED FROM LEADS:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A |
| DATE & TIME  | DEPT. MEMBER                      | NOTES   |   |
|  |                                   | **COURT RELEASE REQUIRED**  |   |
| 5/10/22 @ 849A   | Tabatha                           | A [REDACTED] called asking about retrieving the vehicle she was advised that there is a court hold on it and that the RO needs to come in and receive his citations. - Msg was left advising her to come in after Bizab comes on duty @ 3pm this date |   |
| 5/10/22 @ 1414   | 2280                              | file and rape pen removed - RO given summons and release information. Court date May 12 <sup>th</sup>   |   |
|  |                                   |   |   |
|  |                                   |   |   |
|  |                                   |   |   |
|  |                                   |   |   |
|  |                                   |   |   |
|  |                                   |   |   |
|  |                                   |   |   |

|  |   |  |  |  |                       |  |   |   |   |   |   |      |  |  |  |
|--|---|--|--|--|-----------------------|--|---|---|---|---|---|------|--|--|--|
| State of Ohio<br>HP-26 10-0157-00 Rev. 08/01/2003  |   |  |  | CAD Number:<br><b>P20051100001865</b>  |                       |  | INCIDENT NUMBER<br><b>20 042003 0290</b>  |   |   | INCIDENT TYPE<br><b>Offense</b>   |   |      |  |  |  |
| ADMINISTRATIVE   | NATURE CODE: <b>500 Illegal Weapons - Firearms</b>  |  |  |  |                       |  |   | CLEARANCE CODE: <b>F</b>  |   |   | COMPLETION DATE : <b>7/24/2020</b>  |      |  |  |  |
|  |   |  |  |  |                       |  |   | A DEATH OF OFFENDER<br>B PROSECUTION DECLINED<br>C EXTRADITION DECLINED<br>D VICTIM REFUSED TO COOPERATE<br>E JUVENILE / NO CUSTODY<br>F ARREST - ADULT |   |   | G ARREST - JUVENILE<br>H WARRANT ISSUED<br>I INVESTIGATION PENDING<br>J CLOSED<br>K UNFOUNDED<br>U UNKNOWN<br>Z COLD CASE   |      |  |  |  |
|  | GEO CODE: <b>Interstate Route (Turnpike is also IR)</b>   |  |  |  |                       |  |   | CLEARANCE DATE/TIME<br><b>5/12/2020 23:20</b>   |   |   | CLEARED BY<br><b>1531</b>   |      |  |  |  |
|  | Detailed GEO Code: <b>I-80 Turnpike</b>   |  |  |  |                       |  |   |   |   |   |   |      |  |  |  |
|  | TOD:  |  |  |  |                       |  |   |   |   |   |   |      |  |  |  |
|  | TOA:  |  |  |  |                       |  |   |   |   |   |   |      |  |  |  |
|  | SPECIAL SECTION:  |  |  |  |                       |  |   |   |   |   |   |      |  |  |  |
|  | <b>Ohio State Highway Patrol<br/>Initial Incident Report</b>  |  |  |  |                       |  |   |   |   |   |   |      |  |  |  |
|  | REPORT DATE / TIME  |  |  |  | INCIDENT OCCURED FROM |  |   |   | INCIDENT OCCURED TO   |   |   |      |  |  |  |
|  | MONTH   | DAY  | YEAR   | TIME   | MONTH                 | DAY  | YEAR  | TIME  | MONTH   | DAY   | YEAR  | TIME |  |  |  |
| 5  | 11  | 2020   | 22:52  | 5  | 11                    | 2020   | 22:52   | 5   | 11  | 2020  | 23:00   |      |  |  |  |
| COUNTY: <b>Sandusky County</b>   |   |  |  | FIPS Code: <b>(67188) Riley (Township of)</b>  |                       |  |   |   |   |   |   |      |  |  |  |
| INCIDENT LOCATION / REF PT. (Street, Apt, City, State, Zip):<br><b>Westbound I-80 Turnpike Interstate Route (Turnpike is also IR) 0.00 of 96</b> |   |  |  | LATITUDE   |                       | LONGITUDE  |   | K9 USED   |   | TYPE OF SEARCH:<br><b>Incident to Arrest</b>  |   |      |  |  |  |
| OFFENSE (OFFENSE CODE)   |   |  |  | Count  | Hate Bias             | A/C  | F/M & Degree  | TYPE CRIMINAL ACTIVITY  |   |   |   |      |  |  |  |
| (2923.16D1) Improperly Handling Firearms in a Motor Vehicle _ knowingly transport under the influence  |   |  |  | 1  | N                     | C  | F-4   | P   |   |   | (ENTER UP TO 3 FOR EACH OFFENSE)<br>B - BUYING / RECEIVING<br>C - CULTIVATING/MANUFACTURING/PUB<br>D - DISTRIBUTING / SELLING<br>E - EXPLOITING CHILDREN<br>G - OTHER GANG<br>J - JUVENILE GANG<br>N - NO GANG INVOLVED<br>O - OPERATING/PROMOTING/ASSISTING<br>P - POSSESSING / CONCEALING<br>T - TRANSPORTING / TRANSMITTING<br>U - USING / CONSUMING |      |  |  |  |
| (2923.12A2) Carrying Concealed Weapons _ handgun other than a dangerous ordnance   |   |  |  | 1  | N                     | C  | F-4   | P   |   |   |   |      |  |  |  |
| OFFENSE  | LOCATION OF THE OFFENSE   |  |  |  |                       |  |   |   |   |   | LARCENY TYPE  |      |  |  |  |
|  | 47  |  | COMMERCIAL LOCATIONS   |  |                       | 32 Clothing Store<br>33 Drug Store<br>34 Liquor Store<br>35 Shopping Mall<br>36 Sporting Goods<br>37 Grocery / Supermarket<br>38 Variety / Convenience<br>39 Department Store<br>40 Other Retail Store<br>41 Factory / Mill / Plant<br>42 Other Building |   |   | 51 Public Transit Vehicle<br>52 Other Outside Location  |   |   |      |  |  |  |
|  | RESIDENTIAL STRUCTURE   |  |  | 15 Auto Shop<br>16 Financial Institution<br>17 Barber / Beauty Shop<br>18 Hotel / Motel<br>19 Dry Cleaners / Laundry<br>20 Professional Office<br>21 Doctor's Office<br>22 Other Business Office<br>23 Amusement Center<br>24 Rental Storage Facility<br>25 Other Commercial Service |                       |  | 53 Abandoned/Condemned Structure<br>54 Amusement Park<br>55 Arena/Stadium/Fairgrounds/Coliseum<br>56 Atm Machine Separate From Bank<br>57 Camp/Campground<br>58 Cargo Container<br>59 Daycare Facility<br>60 Dock/Wharf/Freight/Modal Terminal<br>61 Farm Facility<br>62 Gambling Facility/Casino/Race Track<br>63 Military Installation<br>64 Rest Area<br>65 Shelter-Mission/Homeless<br>66 Tribal Lands<br>67 Library<br>77 Other Location |   |   |   |   |      | 23A Pocket Picking<br>23B Purse Snatching<br>23C Shoplifting<br>23D Theft from building<br>23E Theft from Coin-Op Machine<br>23F Theft from Motor Vehicle<br>23G Motor Vehicle Parts/Access<br>24O Theft of Motor Vehicle<br>23H Other |  |  |
|  | PUBLIC ACCESS BUILDING  |  |  | RETAIL   |                       |  | 43 Yard<br>44 Construction Site<br>45 Lake / Waterway<br>46 Field / Woods<br>47 Street  |   |   | 62 Gambling Facility/Casino/Race Track<br>63 Military Installation<br>64 Rest Area<br>65 Shelter-Mission/Homeless<br>66 Tribal Lands<br>67 Library<br>77 Other Location |   |      |  |  |  |
|  | 01 Single Family Home<br>02 Multiple Dwelling<br>03 Residential Facility<br>04 Other Residential<br>05 Garage / Shed  |  |  | 26 Bar<br>27 Buy / Sell / Trade Shop<br>28 Restaurant<br>29 Gas Station<br>30 Auto Sales Lot<br>31 Jewelry Store   |                       |  | 48 Parking Lot<br>49 Park / Playground<br>50 Cemetery   |   |   |   |   |      | SUSPECTED OF USING   |  |  |
|  | 06 Transit Facility<br>07 Government Office<br>08 School<br>09 College<br>10 Church<br>11 Hospital<br>12 Jail/Prison<br>13 Parking Garage<br>14 Other Public Access |  |  |  |                       |  |   |   |   |   |   |      | <input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> DRUGS<br><input type="checkbox"/> COMPUTER EQUIP<br><input checked="" type="checkbox"/> NOT APPLICABLE<br><br><input type="checkbox"/> CARGO THEFT                        |  |  |
|  | METHOD OF OPERATION:  |  |  |  |                       |  |   |   |   |   |   |      |  |  |  |
|  | METHOD OF ENTRY   |  | METHOD OF ENTRY - BURGLARY / B&E                                     |  |                       |  |   | METHOD OF ENTRY - MOTOR VEHICLE THEFT   |   |   |   |      |  |  |  |
|  | <input type="checkbox"/> Force<br><input type="checkbox"/> No Force   |  | ENTRY  | EXIT   | ENTRY                 | EXIT   | ENTRY   | EXIT  | 01 MOTOR RUNNING/ KEYS IN CAR<br>02 UNLOCKED<br>03 DUPLICATE KEY USED<br>04 WINDOW BROKEN<br>05 TOWED<br><br>06 HOT WIRED<br>07 SLIM JIM/COAT HANGER<br>08 TUMBLERS REMOVED<br>09 COLUMN PEELED<br>10 IGNITION PEELED |   |   |      |  |  |  |
|  |   |  |  |  |                       |  |   |   |   |   |   |      |  |  |  |
| No. Premises Entered   |   | 1 BASEMENT<br>2 1 ST FLOOR<br>3 2 ND FLOOR<br>4 OTHER<br>5 UNKNOWN | 1 DOOR<br>2 WINDOW<br>3 GARAGE<br>4 SKYLIGHT<br>5 OTHER<br>6 UNKNOWN | 1 FRONT<br>2 SIDE<br>3 REAR<br>4 ROOF<br>5 OTHER<br>6 UNKNOWN  |                       |  |   |   |   |   |   |      |  |  |  |
| TYPE OF WEAPON FORCE :   |   |  |  | Handgun  |                       |  |   |   |   |   |   |      |  |  |  |
| REQUESTING AGENCY:   |   |  |  |  |                       |  |   |   |   |   |   |      |  |  |  |

|                    |                          |              |      |       |           |
|--------------------|--------------------------|--------------|------|-------|-----------|
| REPORTING OFFICER: | Tpr. Schlottag, Alex M   | UNIT NUMBER: | 1531 | DATE: | 5/11/2020 |
| APPROVING OFFICER: | Sgt. Hoffman, Timmothy J | UNIT NUMBER: | 1830 | DATE: | 5/12/2020 |

State of Ohio  
HP-26  
10-0167-00  
Rev. 08/01/2003



## Ohio State Highway Patrol Initial Incident Summary

|                                |                                       |                             |
|--------------------------------|---------------------------------------|-----------------------------|
| INCIDENT NO.<br>20 042003 0290 | REPORT DATE / TIME<br>5/11/2020 22:52 | PHOTO POUCH NO.<br>90-20638 |
|--------------------------------|---------------------------------------|-----------------------------|

### Incident Summary

The suspect was stopped for a traffic violation, arrested for OVI, and found to be in possession of a loaded handgun in a motor vehicle.

|   |               |                 |
|---|---------------|-----------------|
| Reporting Officer: Tpr. Schlottag, Alex M   | Unit No: 1531 | Date: 5/11/2020 |
| Approving Officer: Sgt. Hoffman, Timmothy J | Unit No: 1830 | Date: 5/12/2020 |



Ohio State Highway Patrol  
REPORT OF INVESTIGATION  
Suspect / Arrest Report

INCIDENT NUMBER

20 042003 0290

REPORT DATE/TIME

5/11/2020 22:52

TOTAL SUSPECTS : 1

|  |   |  |  |   |   |   |  |  |   |             |
|--|---|--|--|---|---|---|--|--|---|-------------|
| NAME / DESCRIPTIVES  | No. 1   | <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown <input type="checkbox"/> Business | CHECK APPROPRIATE CATEGORY 3<br><input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input checked="" type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Missing <input type="checkbox"/> Other |   |   |   |  | CHARGES FILED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |   |             |
|  | NAME: (Last, First, Middle): Thomas, Shawn, M   |  |  |   |   |   | SSN#:  |  |   |             |
|  | ALIAS:  |  |  |   |   |   | GANG AFFILIATION:  |  |   |             |
|  | ADDRESS: 2180 Hubbard Masury Rd Hubbard, OH - 44425                                       |  |  |   |   |   | PHONE #: (724) 557-4816  |  |   |             |
|  | EMPLOYER NAME & ADDRESS: , OH   |  |  |   |   |   | PHONE #:   |  |   |             |
|  | PLACE OF BIRTH  |  | DRIVER'S LICENSE # & STATE<br>OH   |   | STATE EMPLOYEE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   | OCCUPATION/SCHOOL  |  |   |             |
|  | AGE / DOB<br>52 1/2/1968  | GENDER<br>M  | RACE<br>White, Non-Hispanic Origin   |   | HEIGHT<br>5ft 10in  | WEIGHT<br>150   | HAIR<br>Brown  | EYES<br>Blue   | MARITAL STATUS<br>Unknown   |             |
|  | ADDITIONAL DESCRIPTION:   |  |  |   |   |   |  |  |   |             |
|  | SCARS, MARKS, TATTOOS :<br>1) 2) 3) 4) 5)   |  |  |   | RESIDENT CODE   | <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT<br><input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT REPORTED |  |  |   |             |
|  | POTENTIAL INJURIES :  |  |  |   |   |   |  |  |   |             |
| TYPE WEAPON FORCE USED   |   |  |  |   |   |   |  |  |   |             |
| SUSPECT USED: 99   |   |  |  | 16 IMITATION FIREARM  | 50 POISON   |   |  |  |   |             |
| 99 NONE  |   | 13B OTHER FULLY AUTOMATIC WEAPON   |  | 17 SIMULATED FIREARM  | 60 EXPLOSIVES   |   |  |  |   |             |
| 11 FIREARM   |   | 14 SHOTGUN   |  | 18 BB / PELLET GUN  | 65 FIRE / INCENDIARY DEVICE   |   |  |  |   |             |
| 12 HANDGUN   |   | 15 OTHER FIREARM   |  | 20 KNIFE / CUTTING INSTRUM.   | 70 DRUGS/NARC/SLEEP PILLS   |   |  |  |   |             |
| 12A AUTOMATIC HANDGUN  |   | 15A SEMI-AUTOMATIC SPORTING RIFLE  |  | 30 BLUNT OBJECT   | 80 OTHER WEAPON   |   |  |  |   |             |
| 13 RIFLE   |   | 15B SEMI-AUTOMATIC ASSAULT FIREARM   |  | 35 MOTOR VEHICLE  | 85 ASPHYXIATION   |   |  |  |   |             |
| 13A FULLY AUTOMATIC RIFLE  |   | 15C MACHINE PISTOL   |  | 40 PERSONAL WEAPON  | U UNKNOWN   |   |  |  |   |             |
| ASSOC PERSONS  | NAME  |  | ADDRESS (Street, Apt, City, State, Zip)  |   |   |   | PHONE  | RELATION   |   |             |
|  |   |  |  |   |   |   |  |  |   |             |
| ARREST INFORMATION   | ARREST / OFFENSE DESCRIPTION  |  |  | ARREST/OFFENSE CODE   | COUNT   | F/M & DEGREE  | DISPOSITION  | LARCENY  | ARREST LARCENY TYPE   |             |
|  | Improperly Handling Firearms in a Motor Vehicle _ knowingly transport under the influence |  |  | 2923.16D1   | 1   | F-4   | Dismissed  |  | 23A POCKET PICKING<br>23B PURSE SNATCHING<br>23C SHOP LIFTING<br>23D THEFT FROM BUILDING<br>23E THEFT FROM COIN-OP MACHINE<br>23F THEFT FROM MOTOR VEHICLE<br>23G MOTOR VEH. PARTS/ACCESSORIES<br>24O THEFT OF MOTOR VEHICLE<br>23H OTHER |             |
|  | Carrying Concealed Weapons _ handgun other than a dangerous ordinance                     |  |  | 2923.12A2   | 1   | F-4   | Dismissed  |  |   |             |
|  |   |  |  |   |   |   |  |  |   |             |
|  | WARRANT NUMBER  |  | WARRANT DESCRIPTION  |   |   | WARRANT NUMBER  | WARRANT DESCRIPTION  |  |   |             |
|  | 1.  |  |  |   |   | 2.  |  |  |   |             |
|  | 3.  |  |  |   |   | 4.  |  |  |   |             |
|  | ARREST DATE:<br>5/11/2020   | TIME:<br>23:00   | ARREST LOCATION (Street, Apt., City, State, Zip)<br>WB I-80 Turnpike Interstate Route (Turnpike is also IR) 96   |   |   |   |  |  | CITATION NUMBER   |             |
|  | ARRESTEE ARMED WITH:<br>1. None      2.      3.   |  |  |   |   |   |  | ARREST DISPOSITION:<br>Slated / Incarcerated   | BAIL :  | \$11,000.00 |
|  | FINGER PRINTED:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    |  | THUMB PRINTED:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   | DNA TAKEN:<br>Yes, DNA taken by other agency  |   | ITN NUMBER:  |  | FBI/BCI #:  |             |
| <input type="checkbox"/> MULTIPLE ARRESTEE SEGMENTS INDICATOR  |   |  |  | <input type="checkbox"/> COUNT ARRESTEE MULTIPLE ARRESTEE INDICATOR <input checked="" type="checkbox"/> N / A |   | ARREST TYPE   | <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Crime In Progress<br><input type="checkbox"/> Court Summons/Citation <input type="checkbox"/> Order Of Protection |  | <input type="checkbox"/> Warrant <input type="checkbox"/> Other   |             |
| COURT: Sandusky Co Court 1   |   |  |  |   |   |   | COURT DATE: 5/12/2020  |  |   |             |
| JAIL SENTENCE  | YEARS: 0.00   | DAYS: 0.00   |  |   |   |   |  |  |   |             |
| JUVENILE'S PARENT /<br>GUARDIAN NOTIFIED<br><input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO |   | DATE/TIME NOTIFIED:  |  |   | NOTIFIED By :   |   | JUVENILE<br>DISPOSITION:   |  |   |             |
| PARENT / GUARDIAN NAME & ADDRESS   |   |  |  |   |   |   | PHONE  | RELATIONSHIP   |   |             |
| PARENT / GUARDIAN NAME & ADDRESS   |   |  |  |   |   |   | PHONE  | RELATIONSHIP   |   |             |
| DATE OF LAST CONTACT   |   | DATE OF EMANCIPATION   |  |   | NCIC  |   |  |  |   |             |
| LAST SEEN WEARING  |   |  |  |   |   |   |  |  |   |             |

|   |                   |                 |
|---|-------------------|-----------------|
| REPORTING OFFICER: Tpr. Schlottag, Alex M   | UNIT NUMBER: 1531 | DATE: 5/11/2020 |
| APPROVING OFFICER: Sgt. Hoffman, Timmothy J | UNIT NUMBER: 1830 | DATE: 5/12/2020 |

State of Ohio  
HP-24PRO  
10-0157-50  
Rev. 08/01/2003



Ohio State Highway Patrol  
REPORT OF INVESTIGATION  
Property Report

|                                     |
|-------------------------------------|
| INCIDENT NUMBER<br>20 042003 0290   |
| REPORT DATE/TIME<br>5/11/2020 22:52 |

|  |   |  |  |                              |                           |                       |   |                               |                |
|--|---|--|--|------------------------------|---------------------------|-----------------------|---|-------------------------------|----------------|
| TYPE PROPERTY LOSS<br>(ENTER CODES BELOW)  |   | 1 NONE<br>2 BURNED                     | 3. COUNTERFEITED / FORGED<br>4. DESTROYED / DAMAGED / VANDALIZED | 5. STOLEN / ETC<br>6. SEIZED | 7. RECOVERED<br>D DAMAGED | E EVIDENCE<br>F FOUND | P PHOTO   | U UNKNOWN<br>L LOST           |                |
| PROPERTY NO:1  | PROPERTY CODE<br>44   | LOSS CODE<br>E                         | QUANTITY<br>1.00   | PROPERTY VALUE<br>500.00     | VICTIM NO.:               | SUSPECT NO.:<br>1     | VEHICLE NO.:  | VEH LIC STATE :               | VEHICLE YEAR : |
| PROPERTY DESCRIPTION<br>1 Walther PPK .380 Handgun SN:S161753                    |   |  |  |                              |                           |                       | FOUND LOCATION<br>Under left rear seat                    |                               |                |
| MAKE / BRAND<br>Walther, Carl  |   | MODEL<br>PPK                           |  |                              | SERIAL<br>S161753         |                       | N.C.I.C. #  |                               |                |
| FIREARM  | CALIBER<br>.380   | TYPE<br>Pistol - Bolt Action           | BARREL LENGTH<br>5   |                              | FINISH<br>Stainless Steel | N.C.I.C. ENTRY #      |   |                               |                |
| NARCOTICS  | DRUG TYPE   | UNIT OF MEASURE                        | DRUG CODE  |                              |                           | PILL TYPE             | PILL SHAPE  | PILL COLOR1                   | PILL COLOR2    |
|  | PILL MARKING 1  |  |  | PILL MARKING 2               |                           |                       |   |                               |                |
| OWNER  | NAME & ADDRESS<br>Shawn M Thomas / 2180 Hubbard Masury Rd, Hubbard, OH, 44425 |  |  |                              |                           |                       |   | OWNER PHONE<br>(724) 557-4816 |                |
| EVIDENCE CODE  |   | EVIDENCE DATE/ TIME<br>5/12/2020 00:30 | EVIDENCE COLLECTED BY<br>(1531) Tpr. Schlottag, Alex M           |                              |                           |                       | EVIDENCE FINAL DISPOSITION<br>Turned Over to Other Agency | OTHER EVIDENCE                |                |
| PROPERTY NO:2  | PROPERTY CODE<br>64   | LOSS CODE<br>E                         | QUANTITY   | PROPERTY VALUE               | VICTIM NO.:               | SUSPECT NO.:<br>1     | VEHICLE NO.:  | VEH LIC STATE :               | VEHICLE YEAR : |
| PROPERTY DESCRIPTION<br>1 bag containing 16 rounds of ammunition and 2 magazines |   |  |  |                              |                           |                       | FOUND LOCATION<br>Under left rear seat                    |                               |                |
| MAKE / BRAND   |   | MODEL                                  |  |                              | SERIAL                    |                       | N.C.I.C. #  |                               |                |
| FIREARM  | CALIBER   | TYPE                                   | BARREL LENGTH  |                              | FINISH                    | N.C.I.C. ENTRY #      |   |                               |                |
| NARCOTICS  | DRUG TYPE   | UNIT OF MEASURE                        | DRUG CODE  |                              |                           | PILL TYPE             | PILL SHAPE  | PILL COLOR1                   | PILL COLOR2    |
|  | PILL MARKING 1  |  |  | PILL MARKING 2               |                           |                       |   |                               |                |
| OWNER  | NAME & ADDRESS<br>Shawn M Thomas / 2180 Hubbard Masury Rd, Hubbard, OH, 44425 |  |  |                              |                           |                       |   | OWNER PHONE<br>(724) 557-4816 |                |
| EVIDENCE CODE  |   | EVIDENCE DATE/ TIME<br>5/12/2020 00:30 | EVIDENCE COLLECTED BY<br>(1531) Tpr. Schlottag, Alex M           |                              |                           |                       | EVIDENCE FINAL DISPOSITION<br>Turned Over to Other Agency | OTHER EVIDENCE                |                |

|   |   |  |                                       |
|---|---|--|---------------------------------------|
| PROPERTY CODES  | 17 COMP.HARDWARE/SOFTWARE                                 | 38 BUSES   | 60 CHEMICALS                          |
| EXCHANGE MEDIUMS                                      | 18 OFFICE EQUIPMENT                                       | 39 TRUCKS  | 61 CROPS                              |
| 01 MONEY  | 19 STEREO EQUIPMENT, TV AND RADIO<br>(NON-VEHICLE)        | 40 TRAILERS                                      | 62 DOCUMENTS/PERSONAL OR BUSINESS     |
| 02 CREDIT/DEBIT CARD                                  | 20 RECORDINGS   | 41 WATERCRAFT                                    | 63 EXPLOSIVES                         |
| 03 NEGOTIABLE INSTRUMENTS                             | 21 SPORTS EQUIPMENT (ALL EXCEPT<br>BICYCLES AND FIREARMS) | 42 RECREATIONAL VEHICLE                          | 64 FIREARM ACCESSORIES                |
| 04 OTHER EXCAHNGE MEDIUMS                             | 22 PHOTOGRAPHIC EQUIPMENT                                 | 43 OTHER MOTOR VEHICLE                           | 65 FUEL                               |
| DOCUMENTS   | 23 FARM EQUIPMENT   | <u>WEAPONS</u>                                   | 66 IDENTITY-INTANGIBLE                |
| 05 NON-NEGOTIABLE INSTRUMENTS                         | 24 HEAVY CONSTRUCTION / INDUSTRIAL<br>EQUIPMENT           | 44 FIREARMS                                      | 67 LAW ENFORCEMENT EQUIPMENT          |
| 06 PERSONAL (IDENTITY) PAPERS                         | 25 BUILDING SUPPLIES FOR<br>CONSTRUCTION                  | 45 OTHER WEAPONS                                 | 68 LAWN/YARD/GARDEN EQUIPMENT         |
| 07 OTHER DOCUMENTS                                    | 26 TOOLS  | <u>STRUCTURES</u>                                | 69 LOGGING EQUIPMENT                  |
| VALUABLES   | 27 VEHICLE PARTS / ACCESSORIES                            | 46 SINGLE OCCUPANCY                              | 70 MEDICAL/MEDICAL LAB EQUIPMENT      |
| 08 JEWELRY/PRECIOUS METALS                            | 28 SCHOOL SUPPLIES  | 47 OTHER DWELLINGS                               | 71 METALS, NON-PRECIOUS               |
| 09 ART OBJECTS, ANTIQUES,<br>AND OTHER PRECIOUS ITEMS | 29 OTHER EQUIPMENT  | 48 COMMERCIAL/BUSINESS                           | 72 MUSICAL INSTRUMENTS                |
| 10 OTHER VALUABLES                                    | <u>CONSUMABLE ITEMS</u>                                   | 49 INDUSTRIAL/MANUFACTURING                      | 73 PORTABLE ELECTRONIC COMMUNICATIONS |
| PERSONAL EFFECTS                                      | 30 ALCOHOL  | 50 PUBLIC/COMMERCIAL                             | 74 WATERCRAFT                         |
| 11 CLOTHING/FURS                                      | 31 DRUGS / NARCOTICS                                      | 51 STORAGE                                       | EQUIPMENT/PARTS/ACCESSORIES           |
| 12 PURCHASES/HANDBAGS/WALLETS                         | 32 CONSUMABLE GOODS                                       | 52 OTHER STRUCTURES                              |                                       |
| 13 OTHER PERSONAL EFFECTS                             | <u>ANIMALS</u>  | 53 MERCHANTISE                                   |                                       |
| HOUSE HOLD ITEMS                                      | 33 LIVE STOCK   | 54 OTHER PROPERTY                                |                                       |
| 14 HOUSEHOLD ITEMS                                    | 34 HOUSEHOLD PETS   | 55 PENDING INVENTORY                             |                                       |
| EQUIPMENT   | <u>VEHICLES</u>   | 56 SPECIAL CATEGORIES                            |                                       |
| 15 DRUG/NARCOTIC EQUIPMENT                            | 35 AIRCRAFT   | 57 AIRCRAFT PARTS OR ACCESSORIES                 |                                       |
| 16 GAMBLING EQUIPMENT                                 | 36 AUTOMOBILES  | 58 ARTISTIC SUPPLIES OR<br>ACCESSORIES           |                                       |
|   | 37 BICYCLES   | 59 CAMPING/HUNTING/FISHING<br>EQUIPMENT/SUPPLIES |                                       |

|   |                   |                 |
|---|-------------------|-----------------|
| REPORTING OFFICER: Tpr. Schlottag, Alex M   | UNIT NUMBER: 1531 | DATE: 5/11/2020 |
| APPROVING OFFICER: Sgt. Hoffman, Timmothy J | UNIT NUMBER: 1830 | DATE: 5/12/2020 |

State of Ohio  
HP-24PRO  
10-0157-50  
Rev. 08/01/2003



Ohio State Highway Patrol  
**REPORT OF INVESTIGATION**  
**Property Report**

|                                     |
|-------------------------------------|
| INCIDENT NUMBER<br>20 042003 0290   |
| REPORT DATE/TIME<br>5/11/2020 22:52 |

|   |   |  |  |                |   |                           |  |                 |                     |
|---|---|--|--|----------------|---|---------------------------|--|-----------------|---------------------|
| TYPE PROPERTY LOSS<br>(ENTER CODES BELOW)                           |   | 1 NONE<br>2 BURNED                                     | 3. COUNTERFEITED / FORGED<br>4. DESTROYED / DAMAGED / VANDALIZED |                | 5. STOLEN / ETC<br>6. SEIZED                              | 7. RECOVERED<br>D DAMAGED | E EVIDENCE<br>F FOUND                  | P PHOTO         | U UNKNOWN<br>L LOST |
| PROPERTY NO:3   | PROPERTY CODE<br>64   | LOSS CODE<br>E   | QUANTITY   | PROPERTY VALUE | VICTIM NO.:   | SUSPECT NO.:<br>1         | VEHICLE NO.:                           | VEH LIC STATE : | VEHICLE YEAR :      |
| PROPERTY DESCRIPTION<br>1 bag containg 50 .380 rounds of ammunition |   |  |  |                |   |                           | FOUND LOCATION<br>Under left rear seat |                 |                     |
| MAKE / BRAND  |   | MODEL  |  | SERIAL         |   |                           | N.C.I.C. #                             |                 |                     |
| FIREARM   | CALIBER   | TYPE   | BARREL LENGTH  | FINISH         |   | N.C.I.C. ENTRY #          |  |                 |                     |
| NARCOTICS   | DRUG TYPE   | UNIT OF MEASURE  | DRUG CODE  | PILL TYPE      |   | PILL SHAPE                | PILL COLOR1                            | PILL COLOR2     |                     |
| OWNER   | NAME & ADDRESS<br>Shawn M Thomas / 2180 Hubbard Masury Rd, Hubbard, OH, 44425 |  |  |                |   |                           | OWNER PHONE<br>(724) 557-4816          |                 |                     |
| EVIDENCE CODE   | EVIDENCE DATE/ TIME<br>5/12/2020 00:30  | EVIDENCE COLLECTED BY<br>(1531) Tpr. Schlottag, Alex M |  |                | EVIDENCE FINAL DISPOSITION<br>Turned Over to Other Agency |                           | OTHER EVIDENCE                         |                 |                     |

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| PROPERTY CODES                                       | 17 COMP.HARDWARE/SOFTWARE                                 | 38 BUSES   | 60 CHEMICALS                          |
| EXCHANGE MEDIUMS                                     | 18 OFFICE EQUIPMENT                                       | 39 TRUCKS  | 61 CROPS                              |
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| 05 NON-NEGOTIABLE INSTRUMENTS                        | 24 HEAVY CONSTRUCTION / INDUSTRIAL<br>EQUIPMENT           | 44 FIREARMS                                      | 67 LAW ENFORCEMENT EQUIPMENT          |
| 06 PERSONAL (IDENTITY) PAPERS                        | 25 BUILDING SUPPLIES FOR<br>CONSTRUCTION                  | 45 OTHER WEAPONS                                 | 68 LAWN/YARD/GARDEN EQUIPMENT         |
| 07 OTHER DOCUMENTS                                   | 26 TOOLS  | <u>STRUCTURES</u>                                | 69 LOGGING EQUIPMENT                  |
| VALUABLES  | 27 VEHICLE PARTS / ACCESSORIES                            | 46 SINGLE OCCUPANCY                              | 70 MEDICAL/MEDICAL LAB EQUIPMENT      |
| 08 JEWELRY/PRECIOUS METALS                           | 28 SCHOOL SUPPLIES  | 47 OTHER DWELLINGS                               | 71 METALS, NON-PRECIOUS               |
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| 10 OTHER VALUABLES                                   | <u>CONSUMABLE ITEMS</u>                                   | 49 INDUSTRIAL/MANUFACTURING                      | 73 PORTABLE ELECTRONIC COMMUNICATIONS |
| PERSONAL EFFECTS                                     | 30 ALCOHOL  | 50 PUBLIC/COMMERCIAL                             | 74 WATERCRAFT                         |
| 11 CLOTHING FURS                                     | 31 DRUGS / NARCOTICS                                      | 51 STORAGE                                       | EQUIPMENT/PARTS/ACCESSORIES           |
| 12 PURCHASES/HANDBAGS/WALLETS                        | 32 CONSUMABLE GOODS                                       | 52 OTHER STRUCTURES                              |                                       |
| 13 OTHER PERSONAL EFFECTS                            | <u>ANIMALS</u>  | <u>OTHER</u>                                     |                                       |
| HOUSE HOLD ITEMS                                     | 33 LIVE STOCK   | 53 MERCHANTISE                                   |                                       |
| 14 HOUSEHOLD ITEMS                                   | 34 HOUSEHOLD PETS   | 54 OTHER PROPERTY                                |                                       |
| EQUIPMENT  | <u>VEHICLES</u>   | 55 PENDING INVENTORY                             |                                       |
| 15 DRUG/NARCOTIC EQUIPMENT                           | 35 AIRCRAFT   | 56 SPECIAL CATEGORIES                            |                                       |
| 16 GAMBLING EQUIPMENT                                | 36 AUTOMOBILES  | 57 AIRCRAFT PARTS OR ACCESSORIES                 |                                       |
|  | 37 BICYCLES   | 58 ARTISTIC SUPPLIES OR<br>ACCESSORIES           |                                       |
|  |   | 59 CAMPING/HUNTING/FISHING<br>EQUIPMENT/SUPPLIES |                                       |

|  |                      |                    |
|--|----------------------|--------------------|
| REPORTING OFFICER:<br>Tpr. Schlottag, Alex M   | UNIT NUMBER:<br>1531 | DATE:<br>5/11/2020 |
| APPROVING OFFICER:<br>Sgt. Hoffman, Timmothy J | UNIT NUMBER:<br>1830 | DATE:<br>5/12/2020 |

State of Ohio  
HP-24-VRW  
10-0157-50  
Rev. 08/01/2003



Ohio State Highway Patrol  
**REPORT OF INVESTIGATION**  
**Victim/Reportee/Witness Report**

INCIDENT NUMBER

20 042003 0290

REPORT DATE/TIME

5/11/2020 22:52

|  |  |  |                  |  |  |  |  |                     |                             |          |          |
|--|--|--|------------------|--|--|--|--|---------------------|-----------------------------|----------|----------|
| NO.1   | VICTIM TYPE: <input type="checkbox"/> Individual <input type="checkbox"/> Financial Institution <input type="checkbox"/> Police Officer (In The Line Of Duty) <input checked="" type="checkbox"/> Society / Public <input type="checkbox"/> Other<br><input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious Organization <input type="checkbox"/> Unknown <input type="checkbox"/> Trooper <input type="checkbox"/> State Agency |  |                  |  |  |  |  |                     |                             |          |          |
| <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness<br><input type="checkbox"/> Reportee   |  | NAME (Last, First, Middle):<br><b>Society / Public</b> |                  |  |  |  |  |                     |                             |          |          |
| ADDRESS(Street, Apt, City, State, Zip):  |  |  |                  |  |  |  |  |                     |                             |          | PHONE #: |
| OCCUPATION:  |  |  |                  | STATE EMPLOYEE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |  |  | SSN:                |                             |          |          |
| RESIDENTIAL STATUS: <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Other <input type="checkbox"/> Tourist<br><input type="checkbox"/> Not Reported <input type="checkbox"/> Student <input type="checkbox"/> Unknown |  |  |                  | STATEMENT OBTAINED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>TYPE: <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Taped <input type="checkbox"/> Other |  |  |  |                     |                             |          |          |
| AGE / DOB  | GENDER   | RACE :   | HEIGHT FROM - TO |  |  | WEIGHT FROM - TO   |  |                     | HAIR                        | EYES     |          |
| EMPLOYER NAME & ADDRESS  |  |  |                  |  |  |  |  |                     |                             | PHONE #: |          |
| VICTIM <input type="checkbox"/> YES<br>INJURED <input checked="" type="checkbox"/> NO  | IF INJURED,<br>DESCRIBE<br>INJURIES:<br>1) 2) 3) 4) 5)   |  |                  | VICTIM DECEASED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | VICTIM WITNESS<br><input type="checkbox"/> YES<br>REFERRAL INFO <input checked="" type="checkbox"/> NO |  | TYPE OF<br>REFERRAL |                             |          |          |
| AGG. ASLT / HOMICIDE CIR : 1)  |  |  |                  | 2)   |  |  |  |                     |                             |          |          |
| VICTIM/SUSPECT 1)Citizen/Society<br>RELATIONSHIP :   |  |  |                  | VICTIM OFFENSE 1)2923.12A2 2)2923.16D1<br>LINK :   |  |  |  |                     |                             |          |          |
| JUSTIFIABLE<br>HOMICIDE:   |  |  | ACTIVITY TYPE    |  |  | ASSIGNMENT TYPE  |  |                     | LE ORI - OTHER JURISDICTION |          |          |
| My signature verifies that the information<br>on this report is accurate and true X  |  |  |                  |  |  |  |  |                     |                             | DATE :   |          |

|  |                   |                 |
|--|-------------------|-----------------|
| REPORTING OFFICER: Tpr. Schlottag, Alex M  | UNIT NUMBER: 1531 | DATE: 5/11/2020 |
| APPROVING OFFICER: Sgt. Hoffman, Timothy J | UNIT NUMBER: 1830 | DATE: 5/12/2020 |



Ohio State Highway Patrol  
**REPORT OF INVESTIGATION**  
**Investigative Notes**

|                                       |  |                                    |
|---------------------------------------|--|------------------------------------|
| INCIDENT NO:<br><b>20 042003 0290</b> | REPORT DATE/TIME<br><b>5/11/2020 22:52</b> | PHOTO POUCH NO.<br><b>90-20638</b> |
|---------------------------------------|--|------------------------------------|

**Note Date & Time:** 5/12/2020 05:28

**Investigator Unit No:** 1531

**Officer Name:** Tpr. Schlottag, Alex M

On May 11, 2020, I was in my marked patrol car, SP 102, wearing the uniform of the day. The Cleveland Dispatch Center informed me of a reckless driver heading westbound from mile-marker 125 on I-80 the Ohio Turnpike. The caller stated the vehicle was a black pickup truck and the driver was speeding and swerved in and out of the lanes multiple times.

At 10:49 PM, I was sitting stationary in the Erie Islands Service Plaza (mile-marker 100). I observed a black dodge pickup truck traveling in the left lane, passing a commercial vehicle at a high rate of speed.

I pulled out of the plaza and when I caught up to the black pickup truck it was in the middle lane traveling above the posted 70 MPH speed limit. I confirmed the vehicles speed at 94 MPH with radar #17007. The driver signaled and moved into the left lane. The vehicle then moved back into the middle lane and did not signal. The vehicle then made a marked lanes violation where both left tires crossed into the left lane by approximately two tire widths. The vehicle moved back into the left lane then quickly moved back into the middle lane in one continuous motion without using the proper turn signal. While still traveling above the posted 70 MPH speed limit the vehicle moved back into the left lane without a signal. After the vehicle passed a commercial vehicle he moved partially back into the middle lane and straddled the white line. I initiated a traffic stop by activating my overhead emergency lights. The suspect's vehicle slowly came to a stop on the right shoulder.

I approached the vehicle on the passenger side and immediately smelled the odor of an alcoholic beverage emitting from the vehicle. I asked the driver for his license, proof of insurance and registration. The driver handed me an Ohio drivers' license and was identified as Shawn M. Thomas of Hubbard, Ohio.

While Mr. Thomas was locating the requested documents his movements were noticeably lethargic. I asked the driver where he was coming from and he stated he was going from Ohio to Michigan to visit family. I asked him if he had any weapons in the vehicle and he stated "yes, there is a gun under the back seat". While speaking with Mr. Thomas I observed his eyes to be red, bloodshot and glassy. I also observed two unopened "Bush" beer cans on the front passenger seat. Due to my observations I asked Mr. Thomas to exit the vehicle, to which he complied.

Once outside of the vehicle, a consensual pat down for weapons was performed, prior to placing him in the rear of my patrol car. While performing the consensual pat down for weapons and assisting Mr. Thomas into the rear of my patrol car, I was able to smell the strong odor of an alcoholic beverage emitting from his breath and body.

While inside of the patrol car, Mr. Thomas again said he was traveling to Michigan to visit family. He also stated he had nothing to hide and he was not going to lie and again told me there was a gun under the back seat with no ammunition in it. He stated there was ammunition with it, but not in it and there were no "clips" with it. Mr. Thomas stated he started driving around 1:00 PM and that he left directly from Hubbard, Ohio, traveled westbound and only made two rest area stops. He stated he stopped at the service plazas for a few minutes a piece. I informed him that from our current location to Hubbard, Ohio was approximately two and a half hours. He stated not according to his directions. I asked Mr. Thomas how much he had to drink tonight and he stated "well, no, I'm not going to lie, yeah I had a couple of beers". He stated he had three to four 12oz. can of Bush beer.

I read Mr. Thomas his Miranda Rights, to which he stated he understood. I showed him the 94 MPH speed reading on my radar and he stated he was attempting to separate himself from a commercial truck. He stated that he had consumed alcohol approximately two, three hours ago and he stated he did have a beer on the Ohio Turnpike at the service plaza and there was two or three beers inside of his truck. I asked Mr. Thomas if he would be willing to submit to standardized field sobriety test, to which he stated yes.

Prior to administering any test, I asked Mr. Thomas if he had any medical conditions with his knees, hips or back, if he wore glasses or contacts or if he had any recent head injuries, he stated no. I asked him if he took any medications and he said for blood pressure and anxiety and he takes them regularly. Trooper N. Rodriguez (U-1428) arrived on scene. I turned off my front overhead emergency lights to prevent any interference while performing Horizontal Gaze Nystagmus (HGN).

Prior to performing HGN, I checked Mr. Thomas' eyes to ensure he was able to equally track a stimulus (pen) with both eyes, to which he was able to do. Next, I checked Mr. Thomas' eyes for HGN. His eyes were noticeable bloodshot and glassy and his pupils were of equal size. While performing the test, I observed lack of smooth pursuit, nystagmus at maximum deviation and onset prior to forty-five degrees, in both eyes. Additional field sobriety tests were conducted in front of my patrol car.

While I was giving instructions and a demonstration on how to perform the walk and turn, Mr. Thomas moved his feet from the starting position and began the test before being instructed to begin. Mr. Thomas took approximately four steps, he did not touch heel to toe and stepped off line. He then raised his arms and stated he could not and would not complete the test.

While performing the one leg stand test, I observed the defendant raise his arms more than six inches for balance three times, hop once, put his foot down three times and sway while balancing one time. I counted four out of four clues. Mr. Thomas gave a breath sample on the portable breath test with a result of .217 BrAC.

Based on the totality of the circumstances, I placed Mr. Thomas under arrest for OVI. He was placed in handcuffs behind his back and searched incident to arrest. He was secured in the rear of my caged patrol car. The vehicle Mr. Thomas was driving was registered to him and was towed from the scene by Madison Motors. During an administrative inventory one open can of Bush beer was located in the driver door. The gun was located under the left rear seat. The gun was stored in a case with a loaded magazine inserted. No rounds were chambered. A box of ammunition was also in the case. I photographed the gun for evidence purposes; the photos are attached to the case.

Mr. Thomas was read and shown the BMV2255 on scene in the presence of Trooper Rodriguez. He stated he understood the consequences to refusing or submitting to a chemical test. He was seat belted in and transported to the Fremont Patrol Post where he offered a breath test on the I-8000. At 12:30 AM, he submitted a valid test of .230 g/210L of breath.

Mr. Thomas was charged with reckless operation (4511.20) OVI (4511.19A1a), OVI above a BrAC of .170 (4511.19A1h), improperly handling firearms in a motor vehicle (2923.16), and carrying concealed weapons (2923.12). He was provided a copy of his charges, the inventory of his vehicle, explained his court information, and transported to the Sandusky County Jail. He was incarcerated pending a court appearance on 5/12/2020 at 8:30AM.

Respectfully,

Tpr. A. Schlottag, 1531

**Note Date & Time:** 5/12/2020 08:58

|  |                          |                        |
|--|--------------------------|------------------------|
| REPORTING OFFICER: <b>Tpr. Schlottag, Alex M</b>   | UNIT NUMBER: <b>1531</b> | DATE: <b>5/11/2020</b> |
| APPROVING OFFICER: <b>Sgt. Hoffman, Timmothy J</b> | UNIT NUMBER: <b>1830</b> | DATE: <b>5/12/2020</b> |



Ohio State Highway Patrol  
**REPORT OF INVESTIGATION**  
Investigative Notes

|                                       |  |                                    |
|---------------------------------------|--|------------------------------------|
| INCIDENT NO:<br><b>20 042003 0290</b> | REPORT DATE/TIME<br><b>5/11/2020 22:52</b> | PHOTO POUCH NO.<br><b>90-20638</b> |
|---------------------------------------|--|------------------------------------|

**Investigator Unit No:** 0044

**Officer Name:** Sgt. Dylag, David L

The evidence was removed from the temporary evidence locker by Sgt. D. Dylag, U-44. One round of ammunition was removed from the ammunition seized, and the weapon was test-fired by Sgt. Dylag on 5/12/20 at 0705 hours. The weapon was found to be functional and working properly. It was then moved to the Post 90 Permanent evidence locker along with all other evidence.

---

**Note Date & Time:** 5/28/2020 08:43

**Investigator Unit No:** 0044

**Officer Name:** Sgt. Dylag, David L

ATF trace completed. A copy was forwarded to the investigating officer and the case sergeant.

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**Note Date & Time:** 7/5/2020 22:47

**Investigator Unit No:** 1531

**Officer Name:** Tpr. Schlottag, Alex M

All charges were dismissed on 6/18/2020.

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**Note Date & Time:** 7/8/2020 22:59

**Investigator Unit No:** 1144

**Officer Name:** Sgt. Hamilton, Dustin

A check of the Sandusky County Online Court Docket, on the above date and time, indicated that Mr. Thomas was convicted of OVI and the firearm charges were dismissed. The docket also indicated that the firearm was ordered to be forfeited. I have sent an email to Sandusky County Prosecutor's Office Investigator, Dave Cope, to inquire with the Prosecuting Attorney, Beth Tischler, if the Court would like the firearm destroyed and, if that's the case, provide a destruction order for the firearm.

This case is pending further court action.

---

**Note Date & Time:** 7/23/2020 01:07

**Investigator Unit No:** 1144

**Officer Name:** Sgt. Hamilton, Dustin

The OSHP Milan Post has received a Journal Entry from the Sandusky County Prosecutors Office ordering that the Walther PPK and accessories seized from this traffic be forfeited to the Sandusky County Drug Task Force. This order was petitioned by Sandusky County Prosecutor Beth A. Tischler and signed by Judge John P. Kolesar. Once the firearm and accessories have been delivered to the Sandusky County Prosecutors Office, this case will be closed.

---

**Note Date & Time:** 7/23/2020 11:38

**Investigator Unit No:** 0044

**Officer Name:** Sgt. Dylag, David L

On 7/23/2020 @1100 Sgt. Dylag released the gun, 2 corresponding magazines and .38 ammunition to Deputy B. McGrady of the Sandusky County Drug Task Force. HP60# S377594.

---

**Note Date & Time:** 7/24/2020 00:21

**Investigator Unit No:** 1144

**Officer Name:** Sgt. Hamilton, Dustin

Prosecution is complete. The firearm was turned over to the Sandusky County Drug Task Force per the Journal Entry signed by Judge Kolesar. The weapon was removed from the ERG in LEADS

|  |                          |                        |
|--|--------------------------|------------------------|
| REPORTING OFFICER: <b>Tpr. Schlottag, Alex M</b>   | UNIT NUMBER: <b>1531</b> | DATE: <b>5/11/2020</b> |
| APPROVING OFFICER: <b>Sgt. Hoffman, Timmothy J</b> | UNIT NUMBER: <b>1830</b> | DATE: <b>5/12/2020</b> |

State of Ohio  
HP-24NOT  
10-0157-50  
Rev. 08/01/2003



Ohio State Highway Patrol  
**REPORT OF INVESTIGATION**  
**Investigative Notes**

|                                       |  |                                    |
|---------------------------------------|--|------------------------------------|
| INCIDENT NO:<br><b>20 042003 0290</b> | REPORT DATE/TIME<br><b>5/11/2020 22:52</b> | PHOTO POUCH NO.<br><b>90-20638</b> |
|---------------------------------------|--|------------------------------------|

by OSHP Cleveland Dispatch Center. All pertinent documents were forwarded to the OSHP Central Records Division for retention.

\*\*\*Case closed\*\*\*

|  |                          |                        |
|--|--------------------------|------------------------|
| REPORTING OFFICER: <b>Tpr. Schlottag, Alex M</b>   | UNIT NUMBER: <b>1531</b> | DATE: <b>5/11/2020</b> |
| APPROVING OFFICER: <b>Sgt. Hoffman, Timmothy J</b> | UNIT NUMBER: <b>1830</b> | DATE: <b>5/12/2020</b> |



Ohio State Highway Patrol  
**OTIS Case Tracking Sheet for Central Records**



Case Number: 20 042003 0290 Date of Incident: 05/11/2020  
Date Case Completed: 07/24/2020 No. Of Pages (including cover sheet): *(7)*  
Reporting Officer: 1531 Tpr. Schlottag, Alex M  
Approving Officer: 1830 Sgt. Hoffman, Timmothy J  
Reviewing Officer: 1144 Sgt. Hamilton, Dustin

---

Prior to sending completed cases to GHQ Central Records, the following documents are to be removed from the case envelope at the Post/Section level and destroyed by shredding. Indicate the removal of the documents by checking the appropriate check box.

- HP-26 Ohio Uniform Initial Incident Report
  - HP-24SUS Suspect/Arrest Report
  - HP-24VEH Vehicle Report
  - HP-24PRO Property Report
  - HP-24VRW Victim/Reportee/Witness Report (Note: If the victim signs the HP-24VRW, it is to be included with the case to Central Records. If no signature exists the HP-24VRW can be removed and destroyed locally).
  - HP-24 Narrative Report. (Note: remove and destroy this report locally only if all of the narrative has been typed into the Ohio Incident Based Reporting System. If the report has not been typed into the Ohio Incident Based Reporting system, include the HP-24 with the case to Central Records).
- 

**VICTIM/WITNESS RESPONSIBILITIES**

Appropriate Victim/Witness Assistance responsibilities have been complied with.

- Information is listed on the Assistance Log.  Not Applicable
- 

**Witness Confidentiality**

- This case contains information relative to the name or identity of an information source that has been reasonably promised confidentiality pursuant to 149.43 of the Ohio Revised Code.
-

From:Sandusky County Court #1 4195479198 07/17/2020 16:29 #325 P.002/002

From:SANDUSKY CO PROSECUTORS 419-334-6232 07/14/2020 09:06 #316 P.003/004

1436810

SANDUSKY COUNTY COURT DISTRICT ONE  
CLYDE, OHIO

STATE OF OHIO  
PLAINTIFF

vs.

SHAWN M. THOMAS  
DEFENDANT

\*

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CASE NO. 20 CRA 104A 11/14/2020

JUDGE JOHN P KOLESAR

MOTION FOR THE  
FORFEITURE OF PROPERTY  
HELD BY A LAW  
ENFORCEMENT AGENCY

Now comes the State, by and through Prosecuting Attorney Beth A. Tischler, pursuant to Sections 2981.12 and 2981.13 of the Ohio Revised Code, and requests the Court order the destruction, use, or sale of items presently being held by the State Highway Patrol Post 90. The item is no longer needed as evidence and may be destroyed, used, or sold in accordance with Sections 2981.12 and 2981.13 of the Ohio Revised Code.

The property being held is: a .380 semi-automatic pistol

The Sandusky County Drug Task Force has requested the listed property be forfeited to them, for the use of that item for law enforcement purposes.

Therefore, the case having been completed, the Prosecuting Attorney seeks from this Court an Order forfeiting the property being held by the State Highway Patrol Post 90 to the Sandusky County Drug Task Force.

*Beth A. Tischler*

Beth A. Tischler 0077490  
Sandusky County Prosecutor

From:Sandusky County Court #1

4195479198

07/17/2020 16:29

#325 P.001/002

From:SANDUSKY CO PROSECUTORS

419+334+6232

07/14/2020 09:06

#316 P.002/004

1437297

SANDUSKY COUNTY COURT DISTRICT ONE  
CLYDE, OHIO

STATE OF OHIO  
PLAINTIFF

\*

CASE NO. 20 CRA 104A

vs.

\*

JUDGE JOHN P KOLESAR

SHAWN M. THOMAS  
DEFENDANT

\*

JUDGMENT ENTRY

A motion of the Prosecuting Attorney of Sandusky County, Ohio and in accordance with Sections 2981.12 and 2981.13 of the Ohio Revised Code, this Court hereby orders the items listed in the Motion for Disposal of Property presently held by the State Highway Patrol Post 90, to be forfeited in accordance with the provisions of Section 2981.12 and 2981.13 of the Ohio Revised Code to the Sandusky County Drug Task Force.

Judge John P. Kolesar

JOURNALIZED  
MS 7/17/20



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

**PROPERTY CONTROL / CRIME LAB SUBMISSION**

**LABORATORY NUMBER**  
Do not write in this area

**AGENCY INFORMATION**

|   |  |                                    |                        |
|---|--|------------------------------------|------------------------|
| AGENCY NAME <input checked="" type="checkbox"/> OSHP <input type="checkbox"/> OIU <input type="checkbox"/> OTHER (list below) | AGENCY MAIN ORI or OSHP / OIU ASSIGNED FACILITY MAIN ORI<br><b>OHOHP0000</b> | DISTRICT / OIU OFFICE<br><b>02</b> | OSHP POST<br><b>90</b> |
|---|--|------------------------------------|------------------------|

|   |                                    |
|---|------------------------------------|
| OFFICER / SUBMITTER NAME<br><b>Tpr. Schiottag, Alex M (AMS)</b> | UNIT / BADGE NUMBER<br><b>1531</b> |
|---|------------------------------------|

**SUBJECT INFORMATION**

|   |                                  |
|---|----------------------------------|
| NAME (last, first, MI)<br><b>Thomas, Shawn, M</b> | DATE OF BIRTH<br><b>1/2/1968</b> |
|---|----------------------------------|

**INCIDENT INFORMATION**

|  |   |  |                         |   |                                      |
|--|---|--|-------------------------|---|--------------------------------------|
| <input checked="" type="checkbox"/> Case<br><input type="checkbox"/> Crash | 20-042003-0290  |  | CAD No. P20051100001865 | <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> Felony | <input type="checkbox"/> Fatal Crash |
| PROPERTY NUMBER<br><b>0002</b>   | PROPERTY DESCRIPTION<br>Firearm Accessories<br>1 bag containing 16 rounds of ammunition and 2 magazines | LOCATION COLLECTED<br>Under left rear seat | SERIAL NUMBER           | YOUR ID MARK<br><b>Ans</b>  |                                      |

**PROPERTY CHAIN**

| PRINTED NAME      | SIGNATURE                | UNIT NO. | TIME  | DATE      | COMMENTS                                      | RECEIVING OFFICER PRINTED NAME | RECEIVING OFFICER SIGNATURE | UNIT NO. |
|-------------------|--------------------------|----------|-------|-----------|---|--------------------------------|-----------------------------|----------|
| Tpr. A. Schiottag | <i>Tpr. A. Schiottag</i> | 1531     | 00:30 | 5/12/2020 | COLLECTED                                     | -----                          | -----                       | -----    |
| Tpr. A. Schiottag | <i>Tpr. A. Schiottag</i> | 1531     | 0600  | 5/12/2020 | Post 90 TEMP LOCKER #1                        | -----                          | -----                       | -----    |
| Sgt. D. Dylan     | <i>Sgt. D. Dylan</i>     | 44       | 0922  | 5/12/2020 | TO Post 90 TEMP LOCKER                        | Sgt. Harrison                  | <i>Sgt. D. Dylan</i>        | 1121     |
| Sgt. Harrison     | <i>Sgt. Harrison</i>     | 1081     | 0105  | 5/12/2020 | Post 90 TEMP LOCKER #1                        | Sgt. Dylan                     | <i>Sgt. Dylan</i>           | 44       |
| Sgt. Dylan        | <i>Sgt. Dylan</i>        | 44       | 1120  | 5/12/2020 | TO DEPT. McGARRY SSSG Amy Brown McGarry, Sgt. | -----                          | -----                       | 7284     |

**CRIME LAB EXAMINATION**  
(Check Type or Types of Laboratory Examination Desired)

**TOXICOLOGY BLOOD / URINE / OTHER FLUID**

|  |   |                                      |  |                                   |
|--|---|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Blood / Urine Analysis (Fluid container sealed and labeled with time, date, name and collector) | <input type="checkbox"/> DRE Certification #        |                                      |  |                                   |
| <input type="checkbox"/> For all Available Drugs   | <input type="checkbox"/> For Specific Drug(s) _____ | <input type="checkbox"/> For Alcohol | <input type="checkbox"/> SF Capsule Added by _____ | <input type="checkbox"/> Deceased |

**PHARMACEUTICALS / CONTROLLED SUBSTANCES / ANALYSIS** *(Note: Medicaments / Narcotic amounts will not be tested unless specifically requested)*

|  |  |                             |  |  |
|--|--|-----------------------------|--|--|
| <input type="checkbox"/> Beverage Analysis | <input type="checkbox"/> Examination for _____ | <input type="checkbox"/> or | <input type="checkbox"/> Store Evidence Until Further Notice | <input type="checkbox"/> Destroy the Submission (No Prosecution) |
|--|--|-----------------------------|--|--|

**DIGITAL FORENSIC EXAMINATIONS**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Digital Forensic Analysis(Complete CCU Request Service Form) | <input type="checkbox"/> Video Analysis(Complete FVA Unit Form) | For all other examinations, you must submit the evidence directly to a BCI Lab with FORM 101. |
|---|---|---|

|  |                   |  |
|--|-------------------|--|
| Submission of this completed form and evidence to the OSHP Crime Lab implies acknowledgment/authorization for lab staff to determine the most appropriate test methods to employ based on the evidence and test request(s) | Remarks:<br>_____ |  |
|--|-------------------|--|



**OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL**

**LABORATORY NUMBER**

Do not write in this area.

## **PROPERTY CONTROL / CRIME LAB SUBMISSION**

## **AGENCY INFORMATION**

AGENCY NAME  OSHP  OIU  OTHER (list below) AGENCY MAIN ORI or OSHP / OIU ASSIGNED FACILITY MAIN ORI DISTRICT / OIU OFFICE OSHP POST  
**OHOHP0000** 02 90

OFFICER / SUBMITTER NAME **Tpr. Schiottag, Alex M (AMS)** UNIT / BADGE NUMBER  
**1531**

## **SUBJECT INFORMATION**

NAME (last, first, MI) **Thomas, Shawn, M** DATE OF BIRTH  
**1/2/1968**

## **INCIDENT INFORMATION**

Case      **20-042003-0290**            CAD No. P20051100001865       Misdemeanor       Felony       Fatal Crash  
 Crash

| PROPERTY NUMBER | PROPERTY DESCRIPTION<br>Firearm Accessories<br>1 bag containing 50 .380 rounds of ammunition | LOCATION COLLECTED<br>Under left rear seat | SERIAL NUMBER | YOUR ID MARK<br><i>AMS</i> |
|-----------------|--|--|---------------|----------------------------|
| 0003            |  |  |               |                            |

## PROPERTY CHAIN

| PRINTED NAME   | SIGNATURE                | UNIT NO. | TIME  | DATE      | COMMENTS                   | RECEIVING OFFICER PRINTED NAME | RECEIVING OFFICER SIGNATURE | UNIT NO. |
|----------------|--------------------------|----------|-------|-----------|----------------------------|--------------------------------|-----------------------------|----------|
| M. A. SCHLUTER | <i>Mark A. Schlotter</i> | 1531     | 00:30 | 5/12/2020 | COLLECTED                  |                                |                             |          |
| M. A. SCHLUTER | <i>Mark A. Schlotter</i> | 1531     | 0600  | 5/12/2020 | Poss 90 TEMPE EVIDENT LOCK | Sgt. D. Dylas                  | <i>Sgt. D. Dylas</i>        | 44       |
| Sgt. D. DYLAS  | <i>Sgt. D. Dylas</i>     | 44       | 0622  | 5/12/2020 | To Poss 90 Team Locker     | Sgt. D. Dylas                  | <i>Sgt. D. Dylas</i>        | 44       |
| Sgt. D. DYLAS  | <i>Sgt. D. Dylas</i>     | 1111     | 0105  | 5/12/2020 | INTO Team Locker #1        | Sgt. D. Dylas                  | <i>Sgt. D. Dylas</i>        | 44       |
| Sgt. D. DYLAS  | <i>Sgt. D. Dylas</i>     | 44       | 1120  | 7/23/20   | To DEPT. McGraw SCSO.      | Sgt. Brian Murray              | <i>Sgt. Brian Murray</i>    | 44       |

**TRYING A LOT OF GOOD WINE / GETTING DRUNK**

Blood / Urine Analysis (Fluid container sealed and labeled with time, date, name and collector)  ~~Specimen~~

Blood / Urine Analyses (Fluid container sealed and labeled with time, date, name and collector)  DRE Certification # \_\_\_\_\_

For all Available Drugs       For Specific Drug(s)

For Alcohol       SF Capsule Added by \_\_\_\_\_       Deceased

UNIVERSITY OF TORONTO LIBRARIES

Beverage Analysis     Examination for \_\_\_\_\_ or  Store Evidence Until Further Notice     Destroy the Submission (No Prosecution)

<http://www.scholarship.org> | [Submit Your Work](http://www.scholarship.org/submit)

Table 1. Summary of the results of the two experiments.

Digital Forensic Analysis(Complete CCU Request Service Form)  Video Analysis(Complete FVA Unit Form) **For all other examinations you must submit the evidence directly to a BCI Lab with FORM 101.**

Submission of this completed form and evidence to the OSHP **Remarks:**

**Submission of this completed form and evidence to the OSHPD Crime Lab implies acknowledgment/authorization for lab staff to determine the most appropriate test methods to employ based on the evidence and test request(s).**

**Remarks:**

Digitized by srujanika@gmail.com



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

PROPERTY CONTROL / CRIME LAB SUBMISSION

LABORATORY NUMBER  
Do not write in this area

**AGENCY INFORMATION**

|   |  |                                    |                        |
|---|--|------------------------------------|------------------------|
| AGENCY NAME <input checked="" type="checkbox"/> OSHP <input type="checkbox"/> OIU <input type="checkbox"/> OTHER (list below) | AGENCY MAIN ORI or OSHP / OIU ASSIGNED FACILITY MAIN ORI<br><b>OHOHP0000</b> | DISTRICT / OIU OFFICE<br><b>02</b> | OSHP POST<br><b>90</b> |
|---|--|------------------------------------|------------------------|

|  |                                    |
|--|------------------------------------|
| OFFICER / SUBMITTER NAME <b>Tpr. Schlottag, Alex M (AMS)</b> | UNIT / BADGE NUMBER<br><b>1531</b> |
|--|------------------------------------|

|  |                                  |  |
|--|----------------------------------|--|
| <b>SUBJECT INFORMATION</b>                     |                                  |  |
| NAME (last, first, MI) <b>Thomas, Shawn, M</b> | DATE OF BIRTH<br><b>1/2/1968</b> |  |

|                             |  |  |  |
|-----------------------------|--|--|--|
| <b>INCIDENT INFORMATION</b> |  |  |  |
|-----------------------------|--|--|--|

|  |   |  |  |   |                                      |
|--|---|--|--|---|--------------------------------------|
| <input checked="" type="checkbox"/> Case<br><input type="checkbox"/> Crash | <b>20-042003-0290</b>   |  | CAD No. <b>P20051100001865</b>             | <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> Felony | <input type="checkbox"/> Fatal Crash |
| PROPERTY NUMBER<br><b>0001</b>   | PROPERTY DESCRIPTION<br>Firearms<br>1 Walther PPK .380 Handgun SN:S161753 |  | LOCATION COLLECTED<br>Under left rear seat | SERIAL NUMBER<br><b>S161753</b>   | YOUR ID MARK                         |

| <b>PROPERTY CHAIN</b> |           |          |       |           |                            |                                |                             |
|-----------------------|-----------|----------|-------|-----------|----------------------------|--------------------------------|-----------------------------|
| PRINTED NAME          | SIGNATURE | UNIT NO. | TIME  | DATE      | COMMENTS                   | RECEIVING OFFICER PRINTED NAME | RECEIVING OFFICER SIGNATURE |
| TPR A. SCHLOTTAG      |           | 1531     | 00:30 | 5/12/2020 | COLLECTED                  | _____                          | _____                       |
| TPR A. SCHLOTTAG      |           | 1531     | 0600  | 5/12/20   | To Post 90 Temp Locker 1   | Sgt. D. Dylag                  |                             |
| Sgt. D. Dylag         |           | 44       | 0922  | 5/12/20   | To Post 90 Arm Locker      | Sgt. D. Dylag                  |                             |
| Sgt. D. Dylag         |           | 44       | 0105  | 5/13/20   | In to Temp Locker #1       | Sgt. D. Dylag                  |                             |
| Sgt. D. Dylag         |           | 44       | 1120  | 5/23/20   | RELEASE TO Deta. McGroarty | Sgt. D. Dylag                  |                             |

**CRIME LAB EXAMINATION**  
(Check Type or Types of Laboratory Examination Desired)

|  |   |                                      |  |                                   |
|--|---|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Blood / Urine Analysis (Fluid container sealed and labeled with time, date, name and collector) | <input type="checkbox"/> DRE Certification # _____  |                                      |  |                                   |
| <input type="checkbox"/> For all Available Drugs   | <input type="checkbox"/> For Specific Drug(s) _____ | <input type="checkbox"/> For Alcohol | <input type="checkbox"/> SF Capsule Added by _____ | <input type="checkbox"/> Deceased |

|  |  |                             |  |  |
|--|--|-----------------------------|--|--|
| <input type="checkbox"/> Beverage Analysis | <input type="checkbox"/> Examination for _____ | <input type="checkbox"/> or | <input type="checkbox"/> Store Evidence Until Further Notice | <input type="checkbox"/> Destroy the Submission (No Prosecution) |
|--|--|-----------------------------|--|--|

|   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Digital Forensic Analysis(Complete CCU Request Service Form) | <input type="checkbox"/> Video Analysis(Complete FVA Unit Form) | For all other examinations, you must submit the evidence directly to a BCI Lab with FORM 101. |  |  |
|---|---|---|--|--|

|  |          |  |
|--|----------|--|
| Submission of this completed form and evidence to the OSHP Crime Lab implies acknowledgment/authorization for lab staff to determine the most appropriate test methods to employ based on the evidence and test request(s) | Remarks: |  |
|--|----------|--|



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

RELEASE RECEIPT

S 377594

CAD Incident # P20051100001865 Date 7/23/20  
Crash / Arrest #  
Case # 20-042003-0290 Hour 1120

Received from Sgt. J. DYLAC #44 the following:  
1 WALTHER PK -38 HAND GUN #S161753, 2 MAGS  
AND .38 ROUNDS TO DEPT. B. MCGRADY,  
S. C. S.O. PER COURT ORDER \$

(List quantity, general description, serial number and value)

I hereby acknowledge receipt of above property.

I hereby acknowledge receipt of the above person.

Witness Agt B 0724

Name \_\_\_\_\_  
Address \_\_\_\_\_

White - Attach to report, Pink - To individual, Canary - Retain in HP 60 book  
HP-60 OHP 0241 9/12 10024100 [760-0807] PUBLIC

## Sandusky Co 1 Court

## Sandusky

COUNTY, OHIO

STATE OF OHIO CLYDEREFERENCE # BZWKTNKPHONE NUMBER (724) 557-4876NAME Shawn M Thomas

COUNTY OF RESIDENCE:

STREET 2180 Hubbard Masury Rd.CITY, STATE Hubbard, OHZIP 44425

|                                      |                                |                                |                             |                                |
|--------------------------------------|--------------------------------|--------------------------------|-----------------------------|--------------------------------|
| OPERATOR LICENSE / STATE ID#         | <input type="checkbox"/> None* | BIRTH DATE                     | ISSUE DATE                  | STATE                          |
|                                      |                                | <u>01/02/1968</u>              | <u>12/31/2018</u>           | <u>OH</u>                      |
| CLASS                                | EXPIRES                        | ENDORSEMENT(s)/RESTRICTIONS(s) |                             |                                |
| <u>D</u>                             | <u>01/02/2023</u>              | <input type="checkbox"/> CDL   | <input type="checkbox"/> MC | <input type="checkbox"/> Other |
| SEX                                  | HEIGHT                         | WEIGHT                         | EYES                        | HAIR                           |
| <u>M</u>                             | <u>5'10"</u>                   | <u>150</u>                     | <u>BLU</u>                  | <u>BRO</u>                     |
| RACE FINANCIAL RESPONSIBILITY PROOF? |                                |                                |                             |                                |
| <u>WNH</u>                           |                                |                                |                             |                                |
| <input type="checkbox"/> Yes         |                                |                                |                             |                                |

\* If no DL/State ID; REQUIRED documentation attached:  YesTO DEFENDANT: COMPLAINT ON May 11, 2020 AT 2352 PM, YOUOperated /Passenger /Parked /Walked  Passenger  Motorcycle  Bicycle  Other Commercial DOT#  >=26,001 lbs  <16 Pass Bus  >=16 Pass Bus  Haz. Mat.VEHICLE: YEAR 2017 MAKE Ram MODEL Pick-up TruckCOLOR Black LICENSE # F883084 STATE OHUPON A PUBLIC HIGHWAY, NAMELY I-80 Turnpike DIRECTION WestboundAT/NEAR (M.P. 96.5 )IN THE Township OF Riley IN SanduskyCOUNTY (NO.), 72 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

|  |  |  |   |
|--|--|--|---|
| SPEED:   | MPH in   | MPH zone                                 | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> Over limits   | <input type="checkbox"/> Unsafe for conditions | <input type="checkbox"/> ACDA            |   |
| <input type="checkbox"/> Radar   | <input type="checkbox"/> Air                   | <input type="checkbox"/> VASCAR          | <input type="checkbox"/> Pace <input type="checkbox"/> Laser                            |
| <input type="checkbox"/> Stationary  | <input type="checkbox"/> Moving                |  |   |
| OVI: <input type="checkbox"/> Under the influence of alcohol/drug of abuse.  |  |  |   |
| <input type="checkbox"/> Prohibited blood alcohol concentration. <u>.230</u> BAC   |  |  |   |
| <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused   |  |  |   |
| Prior OVs:   | # of prior OVs                                 | Years of prior OVs                       |   |
| <u>0</u>   |  |  |   |
| DRIVER LICENSE: <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended   |  |  |   |
| EXPIRED: <input type="checkbox"/> < 6 months <input type="checkbox"/> > 6 months <input type="checkbox"/> Failure to Reinstate   |  |  |   |
| Suspension Type:   |  |  |   |
| SAFETY BELT: Failure to wear <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.   |  |  |   |
| <input type="checkbox"/> Driver  | <input type="checkbox"/> Passenger             | <input type="checkbox"/> Child Restraint | <input type="checkbox"/> Booster Seat   |
| OTHER OFFENSE: Reckless Operation <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.  |  |  |   |
| <u>4511.20</u>   |  |  |   |
| OTHER OFFENSE: Reckless Operation <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.  |  |  |   |
| <u>4511.20</u>   |  |  |   |
| <input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER  |  |  |   |
| PAVEMENT: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice # of Lanes <u>3</u> <input type="checkbox"/> Construction Zone                  |  |  |   |
| VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn  |  |  |   |
| WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> No Adverse  |  |  |   |
| TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None   |  |  |   |
| AREA: <input type="checkbox"/> Business <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School <input type="checkbox"/> Freeway |  |  |   |
| CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> Injury <input type="checkbox"/> Fatal      |  |  |   |
| Crash Report Number:   |  |  |   |
| REMARKS:   |  |  |   |
| ACCOMPANYING CRIMINAL CHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TOTAL # OFFENSES <u>3</u>   |  |  |   |

TO DEFENDANT: SUMMONS You are summoned and ordered to appear on 05/12/2020 at 0830 AM in Sandusky Co 1 Court at 847 East McPherson Highway, CLYDE, OH, 43410.If you fail to appear at this time and place you may be arrested or your license may be cancelled. This summons served personally to the defendant on May 12, 2020. This issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.**PERSONAL APPEARANCE REQUIRED**  Yes  No**Tpr. A Schlottag**  
Charging Law Enforcement OfficerIssuing Law Enforcement Officer  SAME AS ABOVE

| Court Code  | Unit        | Post      | District  |
|-------------|-------------|-----------|-----------|
| <u>7210</u> | <u>1531</u> | <u>90</u> | <u>02</u> |
|             |             |           |           |

## TO DEFENDANT: Read this material carefully.

**Personal Appearance Required**

If the officer marked this block on the face of the ticket, you must appear in court. Your appearance in court is required because the offenses cannot be processed by a traffic violations bureau.

**Failure to Appear and/or Pay:**

- The posting of bail or depositing your license as bond is to secure your appearance in court or the processing of the offenses through a traffic violations bureau. It is not a payment of fines, or costs.
- If you do not appear at the time and place stated in the citation or if you do not timely process this citation through a traffic violations bureau, your license will be cancelled.

- Also, a warrant may be issued for your arrest and you may be subject to additional criminal penalties.

The following offenses require court appearance and may not be processed by a traffic violations bureau:

- Any Indictable offense;
- Operating a vehicle under the influence of alcohol or any drug of abuse;
- Leave scene of accident;
- Driving while under suspension or revocation of driver's or commercial driver's license;
- Driving without being licensed to drive, except where the driver's or commercial driver's license has been expired for six months or less;
- A third moving traffic offense within 12 months;
- Passing a standing school bus;
- Willfully eluding or fleeing a police officer;
- Drag racing.

**Waivable through traffic violations bureau.**If you are charged with offenses other than those listed above, you may, at any time prior to arraignment, **plead guilty** to the offenses charged and dispose of the case without court appearance by:

- appearing personally at the traffic violations bureau, signing the waiver printed below and paying the fines and costs or
- signing the waiver printed below and mailing it with the approved payment form, for the total of the fines and costs to the traffic violations bureau at the following address:

Sandusky Co 1 Court  
847 East McPherson Highway  
CLYDE, OH, 43410**INSURANCE WARNING****If you do not submit the required proof:**

- your driver's license will be suspended and,
- you may be subject to additional fees and insurance sanctions.

If you have any questions regarding the proof filing, you may call the traffic violations bureau at the telephone indicated.

For information regarding your **Duty To Appear** or the **Fines and Costs** amount(s), call:

(419) 547-0915

www.sandusky-county.org/clerk

Telephone Number(s)

Court Web Address

**Contested Case; Court Appearance Required.**If you desire to **contest the offenses** or if court appearance is required, you must appear at the time and place stated in the summons.**Notice to Defendant under age eighteen.**You **must appear** before the Juvenile Court at the time and place determined by the Court. The Juvenile Court will notify you when and where to appear. This ticket will be filed with the Juvenile Court and may be used as a juvenile complaint.

Juvenile Court Address

For information regarding your **Duty to Appear** at Juvenile Court call:

Telephone Number(s)

Juvenile Court Web Address

**Guilty Pleas, No Contest Pleas, Waiver of Trial, Payment of Fines and Costs**

I, the undersigned defendant, do hereby enter my written pleas of guilty to the offenses charged in this ticket. I realize that by signing these guilty pleas, I admit my guilt of the offenses charged and waive my right to contest the offenses in a trial before the court or jury. Further, I realize that a record of this plea will be sent to the Ohio Bureau of Motor Vehicles. I have not been convicted of, pleaded guilty to, or forfeited bond for two or more prior moving traffic offenses within the last 12 months. I plead guilty to the offense(s) charged.

FINES \$ \_\_\_\_\_

Defendant's Signature

COSTS \$ \_\_\_\_\_

2180 Hubbard Masury Rd.

TOTAL \$ \_\_\_\_\_

Address

Hubbard, OH, 44425

Ticket Number : OHP901531051220200051

Sandusky Co. Court #1 X  
Clyde, Ohio 43410  
419-547-0915

Sandusky Co. Court #2  
Woodville, Ohio 43469  
419-849-3961

Fremont Muni Court  
Fremont, Ohio 43420  
419-332-1579

Bellevue Muni Court  
Bellevue, Ohio 44811  
419-483-5380

## CRIMINAL COMPLAINT (Rule 4)

Case No.

State of Ohio ) ITN# [REDACTED]  
County of Sandusky ) SS  
City of Fremont ) DOB: 01/02/1968  
City of Bellevue ) Race: W Sex: M  
-vs- ) Height: 5-10 Weight: 150  
Name: Shawn M. Thomas , Defendant Hair: BRO Eyes: BLU  
Street: 2180 Hubbard Masury Rd D/L: [REDACTED]  
City/State: Hubbard, OH 44425 P.U.R.: 2

The complainant being duly sworn states that the above named defendant, on or about the 11 day of May , 2020 , did unlawfully: (State Essential Facts) knowingly transport or have a loaded handgun in a motor vehicle, at the time of that transportation or possession, the person was under the influence of alcohol, a drug of abuse, or a combination of them.

The offense occurred in the Township or City/Village of Riley , Sandusky County, Ohio, contrary to:  
ORC Section 2923.16(D)(1) Misdemeanor of the degree.  
Other Felony X of the 4th degree.  
Maximum Penalty: \$ 5,000.00 fine; 18 months imprisonment.

SWORN TO AND SUBSCRIBED BEFORE ME ON

May 12<sup>th</sup>, 2020  
Hannah Nease  
JUDGE – CLERK – DEPUTY CLERK – NOTARY

M.A. Shultz 1521  
COMPLAINANT

### SUMMONS ON COMPLAINT

XTO THE ABOVE NAMED DEFENDANT, you are hereby ordered to appear before the court so stated above on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ m.. If you fail to appear, a warrant will be issued for your arrest.

Issuing Officer (Summons Endorsement)

JUDGE – CLERK – DEPUTY

### WARRANT ON COMPLAINT

TO ANY LAW ENFORCEMENT OFFICER, you are hereby commanded to arrest the defendant named in the foregoing complaint, and bring him, without unnecessary delay, before the court so stated above, or any other Court of Record having jurisdiction of the offense, to be dealt with according to law.

Dated: \_\_\_\_\_

JUDGE – CLERK – DEPUTY

### RETURN

Received the attached Summons-Warrant on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ m.

I executed the same by: (X) Arresting the Defendant

( ) Personally handing it to the defendant

( ) Leaving it at the residence of the defendant by personally handing it to a person of suitable age and discretion residing therein, to wit, \_\_\_\_\_.

UNEXECUTED WARRANT – I attempted to execute this warrant but was unable to do so because:

### FEE:

Execute Warrant (\$5.00).....

Serve Summons (\$3.00);.....

\_\_\_\_\_ Miles at \_\_\_\_\_ per mile.....

Other.....

Officer

TOTAL.....

Sandusky Co. Court #1 X  
Clyde, Ohio 43410  
419-547-0915

Sandusky Co. Court #2  
Woodville, Ohio 43469  
419-849-3961

Fremont Muni Court  
Fremont, Ohio 43420  
419-332-1579

Bellevue Muni Court  
Bellevue, Ohio 44811  
419-483-5800

## CRIMINAL COMPLAINT (Rule 4)

Case No.

State of Ohio ) ITN# \_\_\_\_\_  
County of Sandusky ) SS )  
City of Fremont ) DOB: 01/02/1968  
City of Bellevue )  
-vs- )  
Name: Shawn M. Thomas , Defendant  
Street: 2180 Hubbard Masury Rd  
City/State: Hubbard, OH 44425  
Height: 5-10 Weight: 150  
Hair: BRO Eyes: BLU  
D/L: \_\_\_\_\_  
P.U.R.: 2

The complainant being duly sworn states that the above named defendant, on or about the 11 day of May , 2020 , did unlawfully: (State Essential Facts) knowingly carry or have, concealed on the person's person or concealed ready at hand, a handgun other than a dangerous ordinance, the weapon involved is a firearm that is either loaded or for which the offender has ammunition ready at hand.

The offense occurred in the Township or City/Village of Riley , Sandusky County, Ohio, contrary to:  
ORC Section 2923.12(A)(2) Misdemeanor of the degree.  
Other Felony X of the 4th degree.  
Maximum Penalty: \$ 5,000.00 fine; 18 months imprisonment.

SWORN TO AND SUBSCRIBED BEFORE ME ON

May 12th, 2020.  
Frank Nease  
JUDGE – CLERK – DEPUTY CLERK – NOTARY

Frank Nease  
COMPLAINANT

## SUMMONS ON COMPLAINT

X TO THE ABOVE NAMED DEFENDANT, you are hereby ordered to appear before the court so stated above on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ m.. If you fail to appear, a warrant will be issued for your arrest.

Issuing Officer (Summons Endorsement)

## WARRANT ON COMPLAINT

TO ANY LAW ENFORCEMENT OFFICER, you are hereby commanded to arrest the defendant named in the foregoing complaint, and bring him, without unnecessary delay, before the court so stated above, or any other Court of Record having jurisdiction of the offense, to be dealt with according to law.

Dated: \_\_\_\_\_

JUDGE – CLERK – DEPUTY

JUDGE – CLERK – DEPUTY

## RETURN

Received the attached Summons-Warrant on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ m.

I executed the same by: (X) Arresting the Defendant

( ) Personally handing it to the defendant

( ) Leaving it at the residence of the defendant by personally handing it to a person of suitable age and discretion residing therein, to wit, \_\_\_\_\_.

UNEXECUTED WARRANT – I attempted to execute this warrant but was unable to do so because:

## FEE:

Execute Warrant (\$5.00).....

Serve Summons (\$3.00);.....

Miles at \_\_\_\_\_ per mile.....

Other.....

Officer

TOTAL.....



Ohio Department of Health  
Alcohol and Drug Testing  
Subject Test Report

Subject Information

Revised 11-2017

|   |                       |                             |             |                   |           |
|---|-----------------------|-----------------------------|-------------|-------------------|-----------|
| TEST DATE<br>05/12/2020   | NAME<br>THOMAS, SHAWN | DATE OF BIRTH<br>01/02/1968 | AGE<br>52   | SEX<br>M          |           |
| CURRENT STREET ADDRESS (As Verified by Officer)<br>2180 HUBBARD MASURY RD |                       | CITY<br>HUBBARD             | STATE<br>OH | ZIP CODE<br>44425 | RACE<br>W |

Arrest Information

|                                      |                                |                             |
|--------------------------------------|--------------------------------|-----------------------------|
| ARRESTING OFFICER<br>SCHLOTTAG, ALEX | AGENCY<br>MILAN HIGHWAY PATROL |                             |
| TESTING OFFICER<br>SCHLOTTAG, ALEX   | AGENCY<br>MILAN HIGHWAY PATROL | ODH CERTIFICATION#<br>21313 |
| TIME FIRST OBSERVED<br>23:55         | TIME OF TEST<br>00:19          |                             |

Test Information

|                                  |                                   |  |  |
|----------------------------------|-----------------------------------|--|--|
| INSTRUMENT SERIAL #<br>80-004688 | TEST SITE #<br>FREMONT OSHP /1    | DATE OF LAST CERTIFICATION<br>04/16/2020 | CERTIFICATION SOLUTION<br>ODH-0027         |
| CERTIFICATION BOTTLE #<br>0708   | TARGET VALUE<br>0.100 g/210L      | CERTIFICATION AVERAGE<br>0.0988          | CERTIFICATION STANDARD DEVIATION<br>0.0004 |
| Test<br>Air Blank                | BrAC (g/210L) Time<br>0.000 00:24 | DRY GAS STANDARD                         |  |
| Diagnostic                       | VAC/OK 00:24                      | LOT # 04820100A1                         |  |
| Air Blank                        | 0.000 00:24                       | TANK # 042                               |  |
| Dry Gas Control                  | 0.102 00:25                       | TARGET: 0.100 g/210L                     |  |
| Atmo Pressure                    | 972 mBar                          | EXPIRATION DATE: 04/05/2022              |  |
| Tank Pressure                    | 998 PSI                           |  |  |
| Air Blank                        | 0.000 00:25                       |  |  |
| Subject Sample 1                 | 0.230 00:26                       |  |  |
| Breath Volume                    | 2.796 LITERS                      |  |  |
| Sample Duration                  | 10.910 SECOND                     |  |  |
| Sample Attempts                  | 1                                 |  |  |
| Air Blank                        | 0.000 00:26                       | BrAC = 0.230 g/210L                      |  |
| Air Blank                        | 0.000 00:29                       |  |  |
| Subject Sample 2                 | 0.232 00:30                       |  |  |
| Breath Volume                    | 1.832 LITERS                      |  |  |
| Sample Duration                  | 7.780 SECONDS                     |  |  |
| Sample Attempts                  | 1                                 |  |  |
| Air Blank                        | 0.000 00:30                       |  |  |
| Dry Gas Control                  | 0.101 00:31                       |  |  |
| Atmo Pressure                    | 972 mBar                          |  |  |
| Tank Pressure                    | 998 PSI                           |  |  |
| Air Blank                        | 0.000 00:31                       |  |  |

SOFTWARE VERSION: 8149.13.00

TESTING OFFICER'S SIGNATURE

05/12/2020

DATE



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

VEHICLE INVENTORY / CUSTODY REPORT

Page 1 of 1

Initial Court Date 5/12/2020

|   |  |  |                                   |  |                     |   |  |  |  |
|---|--|--|-----------------------------------|--|---------------------|---|--|--|--|
| CAD#  | P 2 9 0 S 1 1 0 0 0 0 1 8 6 5                      |  |                                   |  | REASONS FOR CUSTODY |   |  |  |  |
| REPORT NO.  |  | DATE / TIME @2342                                  |                                   | LOCATION P-88 MP 96 WB   |                     | <input type="checkbox"/> Pretrial Retention     |  |  |  |
| VYR   | VMA  | 05/11/2020   | VMO                               | VST  | VCO                 | <input checked="" type="checkbox"/> V# 142 OVI  |  |  |  |
| 2017  | Dodge Ram  |  |                                   | Pick-up BK   | ODOMETER 58049      | <input type="checkbox"/> DUS                    |  |  |  |
| VIN   | 1C1RR7FG6HS5522                                    | LIC  |                                   | STATE OHIO   |                     | <input type="checkbox"/> Wrongful Entrustment   |  |  |  |
| DRIVER LAST NAME THOMAS                                     |  | DRIVER FIRST NAME / MI SHAWN M                     |                                   | WORK NO.   |                     | <input type="checkbox"/> Forfeiture Eligibility |  |  |  |
| ADDRESS 2180 HUBBARD RD 44425 HUBBARD OH 44425              |  |  |                                   | HOME / CELL NO.  |                     | <input type="checkbox"/> Abandoned - Hazardous  |  |  |  |
| OWNER (IF SAME AS DRIVER, WRITE "SAME") SAME                |  |  |                                   | WORK NO.   |                     | <input type="checkbox"/> Abandoned - 48 hours   |  |  |  |
| ADDRESS (IF SAME AS DRIVER, WRITE "SAME") SAME              |  |  |                                   | HOME / CELL NO.  |                     | <input type="checkbox"/> Evidence               |  |  |  |
| LOCATION  |  | <input type="checkbox"/> GPS Device                | <input type="checkbox"/> CD / DVD | D Total Keys<br>Key-Ignition<br>Key-Trunk  | CIRCLE<br>DAMAGE    | Condition (700)                                 |  |  |  |
| P1 - Front Pass.  | <input checked="" type="checkbox"/> Radar Detector | <input checked="" type="checkbox"/> Laser Detector | Seat                              |  |                     | Wheels  |  |  |  |
| P2 - Rear Pass.   | <input type="checkbox"/> CB                        | <input type="checkbox"/> Cell Phone                | Glass                             | Undercarriage  |                     |   |  |  |  |
| G - Glove Box   | <input type="checkbox"/> Stereo                    | / # CD's /   | <input type="checkbox"/> Photos   | <input checked="" type="checkbox"/> Drivable   |                     |   |  |  |  |
| T - Trunk / Cargo   | DVD's  |  |                                   |  |                     |   |  |  |  |
| E - Engine  |  |  |                                   |  |                     |   |  |  |  |
| C - Center Console  |  |  |                                   |  |                     |   |  |  |  |
| LOC   | INVENTORY / REMARKS                                |  |                                   | LOC  | INVENTORY / REMARKS |   |  |  |  |
| P1  | 2 PP "UKL4176" MISC TRASH                          |  |                                   | P1   | OWNER UNIDENTIFIED  |   |  |  |  |
| 2 CHARGER   | OPEN BUCKET  |  |                                   | P1   | MISC PAPER WORK     |   |  |  |  |
| 1 BLACK HOODIE  | FLASHLIGHT   |  |                                   | P2   | Holster for gun     |   |  |  |  |
| 1 BINOCULARS  | TOOL BELT  |  |                                   | P2   | TR. HITCH           |   |  |  |  |
| 2 BUCK LIGHT CANS   |  |  |                                   | P2   | SNOW BRUSH          |   |  |  |  |
| 1 SUNGLASSES  |  |  |                                   | P2   | ZIPPER BUCH         |   |  |  |  |
| C JAPEN PEN   |  |  |                                   |  |                     |   |  |  |  |
| 101454  |  |  |                                   |  |                     |   |  |  |  |
| MISC PENS + CHARGER CORDS                                   |  |  |                                   |  |                     |   |  |  |  |
| # TRUNK BED EMPTY   |  |  |                                   |  |                     |   |  |  |  |
| ARRESTING / INVENTORY OFFICER TPR Schlettay / TPR Rodriguez |  | UNIT NO. 15311420                                  | DATE / TIME 05/11/2020            | Wrecker Company MADISON MOTORS   |                     |   |  |  |  |
| SUPERVISOR REVIEW   |  | UNIT NO.   | DATE / TIME                       | Vehicle Stored At MADISON MOTORS   |                     |   |  |  |  |
| Tow Driver Signature X                                      |  |  |                                   | Tow Driver Signature X   |                     |   |  |  |  |
| Owner Request <input type="checkbox"/>                      |  | CONDITIONS FOR RELEASE                             |                                   |  |                     |   |  |  |  |
| PRINT OWNER'S NAME SHAWN THOMAS                             |  | UNIT NO. 972                                       | DATE / TIME 23:30 05/11/2020      | <input checked="" type="checkbox"/> No Hold<br><input type="checkbox"/> Hold<br><input type="checkbox"/> HP-60 Required<br><input type="checkbox"/> Court Release<br><input type="checkbox"/> Other ✓ ALID LICENSE |                     |   |  |  |  |
| Relationship if not the owner                               |  |  |                                   |  |                     |   |  |  |  |
| RELEASE OF PROPERTY   |  |  |                                   |  |                     |   |  |  |  |
| <input type="checkbox"/> Plates                             | SIGNATURE X  | UNIT NO.   | DATE / TIME / /                   |  |                     |   |  |  |  |
| <input type="checkbox"/> Vehicle                            | SIGNATURE X  | UNIT NO.   | DATE / TIME / /                   |  |                     |   |  |  |  |



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**REPORT OF LAW ENFORCEMENT OFFICER ADMINISTRATIVE LICENSE SUSPENSION /  
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE**

|  |   |                                  |                                  |
|--|---|----------------------------------|----------------------------------|
| A. NAME  | DR [REDACTED]                                 | CLASS                            | STATE OH                         |
| CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER):<br><i>HUBBARD HINSDALE RD</i> |   |                                  |                                  |
| CITY   | OHIO COUNTY OF RESIDENCE<br><i>15 OH 4425</i> |                                  |                                  |
| DATE OF BIRTH  | SOCIAL SECURITY # [REDACTED]                  | 4 DIGIT COURT CODE<br><i>120</i> | STATE ZIP CODE<br><i>01 4425</i> |
| DATE OF VIOLATION<br><i>05/11/2020</i>   | TIME OF VIOLATION<br><i>1230</i>              | PLACE OF TEST<br><i>AP-11</i>    | VIN<br><i>1CGRR7PG6HS332</i>     |
| DATE OF REFUSAL OR TEST<br><i>05/11/2020</i>                                   | TIME OF REFUSAL OR TEST<br><i>0050</i>        | YEAR<br><i>17</i>                | MAKE<br><i>TOYOTA</i>            |
| VEHICLE OWNER'S NAME<br><i>THOMAS SIMON</i>                                    | DATE OF BIRTH<br><i>01/03/1968</i>            | LICENSE PLATE #<br><i>1H5341</i> | TYPE PLATE<br><i>TEMP</i>        |
| CITY   | STATE<br><i>OH</i>                            | ZIP CODE<br><i>4425</i>          | STATE<br><i>OH</i>               |
| VEHICLE STORED AT (STREET ADDRESS)<br><i>HUBBARD HINSDALE RD</i>               |   |                                  | CITY<br><i>TRUMAN, OH</i>        |

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: OVI - Physical Control

The driver:

- Refused to submit to test(s).
- Submitted to test(s) 0.00% alcohol test result.
- Circle test type for which results were reported:  
*Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma*
- Was placed under an Administrative License Suspension (R.C. 4511.191)
- License was seized
- Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test(s) for alcohol and / or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI / Physical Control arrest before test were:

- Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.
- Specify controlled substance and / or metabolite results:
- Subject tested positive for prohibited level of marijuana metabolite \_\_\_\_\_ (specify amount) and was under the influence of alcohol and / or a drug of abuse.
- Alcohol, controlled substance or metabolite test result received on \_\_\_\_\_ . Subject served with notice of Administrative License Suspension on \_\_\_\_\_.
- Reasonable means officer used to ensure offender submitted to a chemical test were:

C. Officer to Complete Applicable Vehicle Sanctions:

- License plate(s) seized
- Vehicle seized under R.C. 4511.195 (OVI)

- Vehicle seized under R.C. 4510.41 only (DUS or wrongful entrustment of a motor vehicle). If so, Do not mail this form to the BMV
- Vehicle subject to immobilization
- Vehicle subject to forfeiture

D. Officer to Complete if Offender is the holder of a commercial driver license or was Operating a Commercial Vehicle:

- Read and showed advice to offender (R.C. 4506.17)
- Refused to submit to test(s)
- Submitted to test(s) 0.00% alcohol test result  
(Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma
- Prohibited Alcohol Content without OVI charge
- Prohibited Alcohol Content with OVI charge
- Commercial vehicle per definition (R.C. 4506.01(E))
- 24-hour out-of-service order
- CDL to be disqualified
- CDL seized
- Hazardous material
- Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form.

REFUSED TO SIGN

*X* DRIVER'S SIGNATURE

*X* ARRESTING OFFICER'S SIGNATURE

*X* *T. N. A. Rodriguez V-1420* WITNESS'S SIGNATURE

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:  
STATE OF OHIO, COUNTY OF *TRUMAN*

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and / or drugs of abuse, in physical control of a vehicle while under the influence of alcohol and / or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4505.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.

*X* ARRESTING OFFICER SIGNATURE

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

*X* PEACE OFFICER SIGNATURE

*X* NOTARY PUBLIC'S SIGNATURE

*X* DEPUTY CLERK OF COURT'S SIGNATURE

City of \_\_\_\_\_

OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

## IMPAIRED DRIVER REPORT

|   |                   |
|---|-------------------|
| NAME<br>Shawn M. Thomas                         | ARREST<br>BZWKTNK |
| VEHICLE CONDITION<br>Good                       |                   |
| VEHICLE DISPOSITION<br>Stored at Madison Motors |                   |

## CLOTHING DESCRIPTION AND CONDITION

|  |              |
|--|--------------|
| HAT OR CAP<br>Black knit cap             |              |
| JACKET OR COAT<br>N/A                    |              |
| SHIRT OR DRESS<br>Orange t-shirt         |              |
| PANTS OR SKIRT<br>Blue Jeans             |              |
| SHOES<br>Gray tennis shoes               | HEELS<br>N/A |
| ODOR OF ALCOHOLIC BEVERAGE<br>Strong     |              |
| SPEECH<br>N/A                            |              |
| EVIDENCE OF DRUG USE (PUPIL SIZE)<br>N/A |              |

## DIVIDED ATTENTION SKILLS

| RIGHT EYE                           | HORIZONTAL / VERTICAL GAZE NYSTAGMUS    | LEFT EYE                            |
|-------------------------------------|---|-------------------------------------|
| <input checked="" type="checkbox"/> | DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | LACK OF SMOOTH PURSUIT                  | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | ONSET OF NYSTAGMUS BEFORE 45°           | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | PRESENCE OF VERTICAL NYSTAGMUS          | <input type="checkbox"/>            |

| WALK AND TURN  | ONE LEG STAND   |
|--|---|
| <input checked="" type="checkbox"/> Moves feet to keep balance while listening to instructions<br><input checked="" type="checkbox"/> Starts before instructions completed<br><input type="checkbox"/> Stops while walking to steady self<br><input checked="" type="checkbox"/> Does not touch heel to toe<br><input checked="" type="checkbox"/> Raises arms 6" for balance<br><input checked="" type="checkbox"/> Steps off line while walking<br><input type="checkbox"/> Turns incorrectly or loses balance while turning<br><input type="checkbox"/> Incorrect number of steps<br><input type="checkbox"/> Cannot do test (document reason for not completing) | <input checked="" type="checkbox"/> Sways while balancing (during count)<br><input checked="" type="checkbox"/> Raises arm 6" for balance<br><input checked="" type="checkbox"/> Hops<br><input checked="" type="checkbox"/> Puts foot down<br><input type="checkbox"/> Cannot do test (document reason for not completing) |
| PBT RESULT   |   |
| <input type="checkbox"/> P <input type="checkbox"/> W <input checked="" type="checkbox"/> F    Percent .217  |   |

## OTHER SKILL EVALUATIONS

|  |                           |            |                 |
|--|---------------------------|------------|-----------------|
| AUDIO / VIDEO RECORDING<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STORAGE MEDIA REFERENCE # |            |                 |
| OFFICER'S NAME<br>Tpr. A. Schlottag  | UNIT<br>1531              | POST<br>90 | DATE<br>5/11/20 |

## STATEMENT OF FACTS

On May 11, 2020, I was in my marked patrol car, SP 102, wearing the uniform of the day. The Cleveland Dispatch Center informed me of a reckless driver heading westbound from mile-marker 125 on I-80 the Ohio Turnpike. The caller stated the vehicle was a black pickup truck and the driver was speeding and swerved in and out of the lanes multiple times.

At 10:49 PM, I was sitting stationary in the Erie Islands Service Plaza (mile-marker 100). I observed a black dodge pickup truck traveling in the left lane, passing a commercial vehicle at a high rate of speed. I pulled out of the plaza and when I caught up to the black pickup truck it was in the middle lane traveling above the posted 70 MPH speed limit. I confirmed the vehicles speed at 94 MPH with radar #17007. The driver signaled and moved into the left lane. The vehicle then moved back into the middle lane and did not signal. The vehicle then made a marked lanes violation where both left tires crossed into the left lane by approximately two tire widths. The vehicle moved back into the left lane then quickly moved back into the middle lane in one continuous motion without using the proper turn signal. While still traveling above the posted 70 MPH speed limit the vehicle moved back into the left lane without a signal. After the vehicle passed a commercial vehicle he moved partially back into the middle lane and straddled the white line. I initiated a traffic stop by activating my overhead emergency lights. The suspect's vehicle slowly came to a stop on the right shoulder.

I approached the vehicle on the passenger side and immediately smelled the odor of an alcoholic beverage emitting from the vehicle. I asked the driver for his license, proof of insurance and registration. The driver handed me an Ohio drivers' license and was identified as Shawn M. Thomas of Hubbard, Ohio. While Mr. Thomas was locating the requested documents his movements were noticeably lethargic. I asked the driver where he was coming from and he stated he was going from Ohio to Michigan to visit family. I asked him if he had any weapons in the vehicle and he stated "yes, there is a gun under the back seat". While speaking with Mr. Thomas I observed his eyes to be red, bloodshot and glassy. I also observed two unopened "Bush" beer cans on the front passenger seat. Due to my observations I asked Mr. Thomas to exit the vehicle, to which he complied.

Once outside of the vehicle, a consensual pat down for weapons was performed, prior to placing him in the rear of my patrol car. While performing the consensual pat down for weapons and assisting Mr. Thomas into the rear of my patrol car, I was able to smell the strong odor of an alcoholic beverage emitting from his breath and body.

While inside of the patrol car, Mr. Thomas again said he was traveling to Michigan to visit family. He also stated he had nothing to hide and he was not going to lie and again told me there was a gun under the back seat with no ammunition in it. He stated there was ammunition with it, but not in it and there were no "clips" with it. Mr. Thomas stated he started driving around 1:00 PM and that he left directly from Hubbard, Ohio, traveled westbound and only made two rest area stops. He stated he stopped at the service plazas for a few minutes a piece. I informed him that from our current location to Hubbard, Ohio was approximately two and a half hours. He stated not according to his directions. I asked Mr. Thomas how much he had to drink tonight and he stated "well, no, I'm not going to lie, yeah I had a couple of beers". He stated he had three to four 12oz. can of Bush beer.

I read Mr. Thomas his Miranda Rights, to which he stated he understood. I showed him the 94 MPH speed reading on my radar and he stated he was attempting to separate himself from a commercial truck. He stated that he had consumed alcohol approximately two, three hours ago and he stated he did have a beer on the Ohio Turnpike at the service plaza and there was two or three beers inside of his truck. I asked Mr. Thomas if he would be willing to submit to standardized field sobriety test, to which he stated yes.

Prior to administering any test, I asked Mr. Thomas if he had any medical conditions with his knees, hips or back, if he wore glasses or contacts or if he had any recent head injuries, he stated no. I asked him if he took any medications and he said for blood pressure and anxiety and he takes them regularly. Trooper N. Rodriguez (U-1428) arrived on scene. I turned off my front overhead emergency lights to prevent any interference while performing Horizontal Gaze Nystagmus (HGN).

Prior to performing HGN, I checked Mr. Thomas' eyes to ensure he was able to equally track a stimulus (pen) with both eyes, to which he was able to do. Next, I checked Mr. Thomas' eyes for HGN. His eyes were noticeable bloodshot and glassy and his pupils were of equal size. While performing the test, I observed lack of smooth pursuit, nystagmus at maximum deviation and onset prior to forty-five degrees, in both eyes. Additional field sobriety tests were conducted in front of my patrol car.

While I was giving instructions and a demonstration on how to perform the walk and turn, Mr. Thomas moved his feet from the starting position and began the test before being instructed to begin. Mr. Thomas took approximately four steps, he did not touch heel to toe and stepped off line. He then raised his arms and stated he could not and would not complete the test.

While performing the one leg stand test, I observed the defendant raise his arms more than six inches for balance three times, hop once, put his foot down three times and sway while balancing one time. I counted four out of four clues. Mr. Thomas gave a breath sample on the portable breath test with a result of .217 BrAC.

Based on the totality of the circumstances, I placed Mr. Thomas under arrest for OVI. He was placed in handcuffs behind his back and searched incident to arrest. He was secured in the rear of my caged patrol car. The vehicle Mr. Thomas was driving was registered to him and was towed from the scene by Madison Motors. During an administrative inventory one open can of Bush beer was located in the driver door. The gun was located under the left rear seat. The gun was stored in a case with a loaded magazine inserted. No rounds were chambered. A box of ammunition was also in the case. I photographed the gun for evidence purposes; the photos are attached to the case.

Mr. Thomas was read and shown the BMV2255 on scene in the presence of Trooper Rodriguez. He stated he understood the consequences to refusing or submitting to a chemical test. He was seat belted in and transported to the Fremont Patrol Post where he offered a breath test on the I-8000. At 12:30 AM, he submitted a valid test of .230 g/210L of breath.

Mr. Thomas was charged with reckless operation (4511.20) OVI (4511.19A1a), OVI above a BrAC of .170 (4511.19A1h), improperly handling firearms in a motor vehicle (2923.16), and carrying concealed weapons (2923.12). He was provided a copy of his charges, the inventory of his vehicle, explained his court information, and transported to the Sandusky County Jail. He was incarcerated pending a court appearance on 5/12/2020 at 8:30AM.

Respectfully,  
Tpr. A. Schlottag, 1531











































































































6



# Shawn Thomas

188 friends

Message

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...

## Intro

please bring your dogs and at in tonight



Assembler at Extreme Machine & Fab., Inc.

## Posts

 Filters

Shawn Thomas

October 2 at 7:01 PM ·

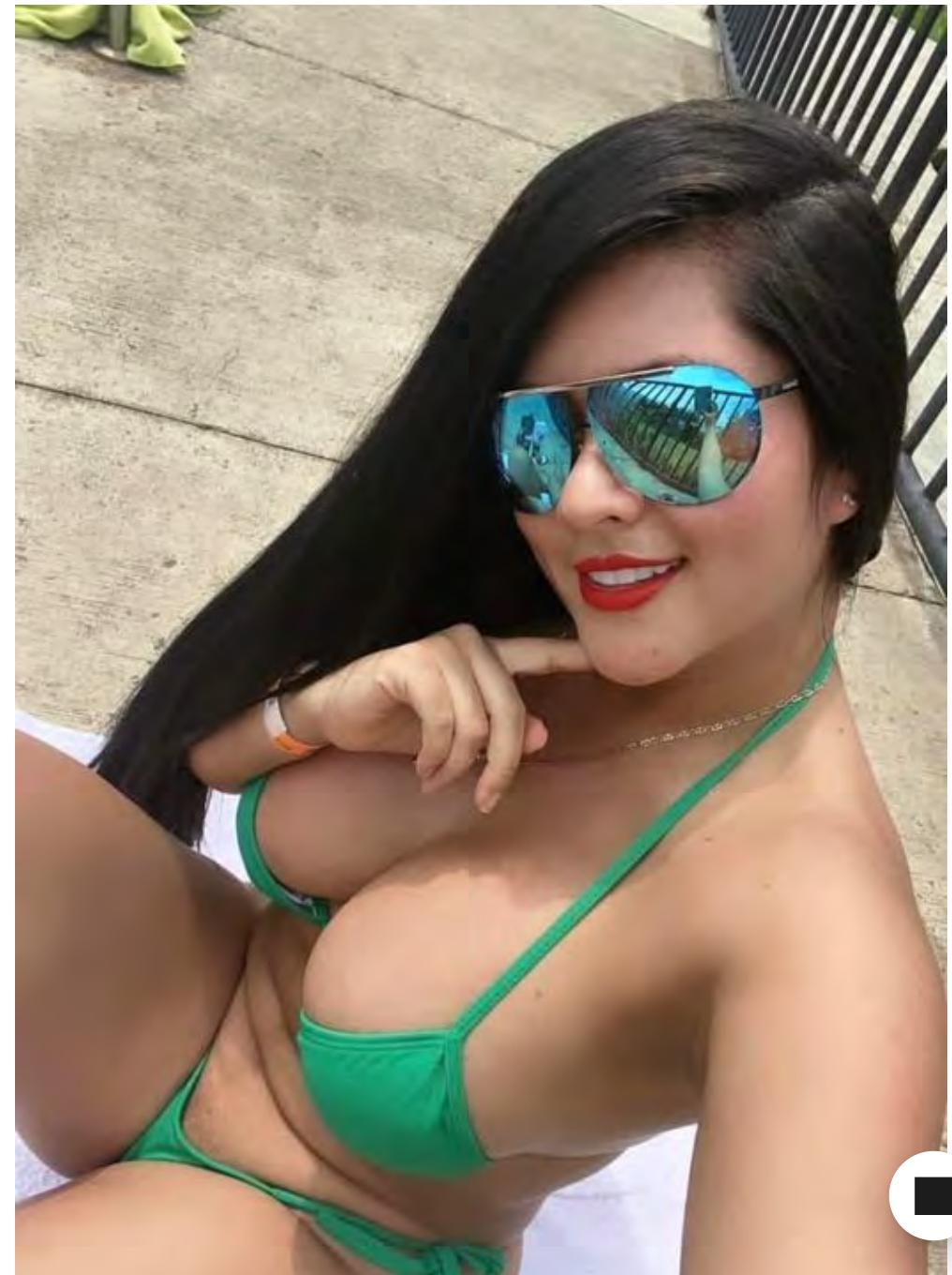


10/20/23, 3:15 PM

(6) Facebook



6





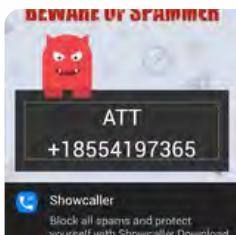
Lives in Hubbard, Ohio

From Sharon, Pennsylvania

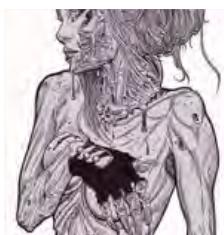
Married

Featured

## Photos



See all photos



Roger Van Humbeeck I Love Mature Women 2

October 1 at 12:13 AM ·

Like

Comment

Share



Write a comment...



Shawn Thomas

September 26 at 6:45 PM ·

...



Chad Sexton



## Friends

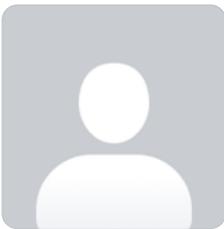
188 friends



Carol McElhaney  
Thomas



Mike Bish



Chris Porter



Eric Thomas



John Thomas



Tina Nicastro



David Boyd



Cheryl Campero



Earl Hall

A Facebook post from Shawn Thomas. The post shows a close-up photo of a golden retriever's face in a snowy, wooded area. The post has 2 likes and 1 comment. Carol McElhaney Thomas commented "I can't wait!" 3 weeks ago. There is a placeholder for a reply and a row of five small gray square icons. The post was made on September 26 at 5:39 PM.

2 1 comment

Like Comment Share

Carol McElhaney Thomas  
I can't wait!

Like Reply 3w

Write a comment...

Shawn Thomas  
September 26 at 5:39 PM ·





Animal Rescue Stories

September 23 at 3:35 PM ·

Haha!

Like

Comment

Share



Write a comment...



Shawn Thomas

September 26 at 5:38 PM ·

...

**CAME HOME TO MY ROOMMATES DOG PROTECTING MY KITTEN FROM THE LOUD THUNDER AND LIGHTNING OUTSIDE**





6



Animal Rescue Stories

September 25 at 10:20 AM ·



1

Like

Comment

Share



Write a comment...



10/20/23, 3:15 PM

(6) Facebook

