

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

21-14935

|  |                                |                                |  |
|--|--------------------------------|--------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2  | <input type="checkbox"/> OH-3  | LOCAL INFORMATION<br>2935 FIXLER RD                    |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME *<br>Montville Police Department |
| <input type="checkbox"/> PRIVATE PROPERTY        |                                |                                | NCIC *<br>05213  |
|  |                                |                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                 |
|  |                                |                                | NUMBER OF UNITS<br>1                                   |
|  |                                |                                | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN         |

|               |                |   |  |                     |
|---------------|----------------|---|--|---------------------|
| COUNTY*<br>52 | LOCALITY*<br>3 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Montville (Township of) | CRASH DATE / TIME*<br>03/12/2021 14:27 | CRASH SEVERITY<br>2 |
|---------------|----------------|---|--|---------------------|

|            |              |        |   |                 |   |
|------------|--------------|--------|---|-----------------|---|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME<br>Fixler                                      | ROAD TYPE<br>RD | LATITUDE DECIMAL DEGREES<br>41.082994   |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>2935 Fixler Road | ROAD TYPE       | LONGITUDE DECIMAL DEGREES<br>-81.793676 |

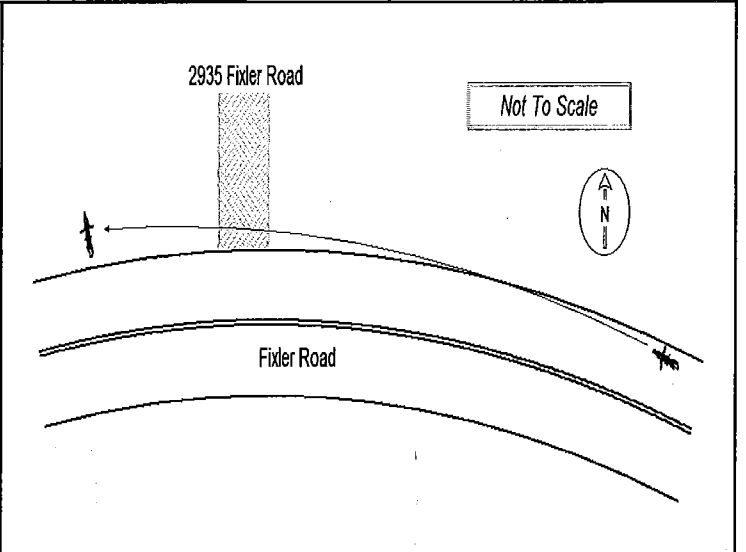
|                         |                               |   |   |   |   |                      |
|-------------------------|-------------------------------|---|---|---|---|----------------------|
| REFERENCE POINT<br>3    | DIRECTION FROM REFERENCE<br>3 | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE<br>3 |   |   |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |                      |

|                                      |                                       |                          |                  |
|--------------------------------------|---------------------------------------|--------------------------|------------------|
| LOCATION OF FIRST HARMFUL EVENT<br>2 | MANNER OF CRASH COLLISION/IMPACT<br>1 | DIRECTION OF TRAVEL<br>1 | MEDIAN TYPE<br>1 |
|--------------------------------------|---------------------------------------|--------------------------|------------------|

|   |   |   |              |                 |              |
|---|---|---|--------------|-----------------|--------------|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>3 | CONDITIONS<br>1 | SURFACE<br>2 |
|---|---|---|--------------|-----------------|--------------|

|                      |              |
|----------------------|--------------|
| LIGHT CONDITION<br>1 | WEATHER<br>1 |
|----------------------|--------------|

NARRATIVE  
Unit #1 was westbound on Fixler Road when it traveled off the rightside of the roadway where the rider lost control of the motorcycle and struck the ground. Unit #1 traveled approximately 209 feet after leaving the roadway before coming to final rest in the front yard of 2935 Fixler Road. The rider was warned for operating a vehicle without reasonable control (ORC 4511.202A.)



|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>03/12/2021 14:27 | DISPATCH DATE / TIME<br>03/12/2021 14:27 | ARRIVAL DATE / TIME<br>03/12/2021 14:31 | SCENE CLEARED DATE / TIME<br>03/12/2021 15:22 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>0                 | OTHER INVESTIGATION TIME<br>25           | TOTAL MINUTES<br>80                     | OFFICER'S NAME*<br>Percy, Richard             | CHECKED BY OFFICER'S NAME*<br>SAK   |
|  |  |   | OFFICER'S BADGE NUMBER*<br>1611               | CHECKED BY OFFICER'S BADGE NUMBER*<br>1606  |
|  |  |   |   | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)                                 |

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**HANDSHUE, MATTHEW, D**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**173 CLOVERWOOD CRICLE, WADSWORTH, OH, 44281**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # YAY05 VEHICLE IDENTIFICATION # 1HD1YK19MB015140 VEHICLE YEAR 2021 VEHICLE MAKE HARLEY DAVIDSON

INSURANCE VERIFIED  INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 826251820 COLOR ONG VEHICLE MODEL STREET BOB

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT #                      TOWED BY: COMPANY NAME WORLD TRUCK

HAZARDOUS MATERIAL CLASS #                      PLACARD ID #                     

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS                     

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - > 26K LBS.

UNIT TYPE 7

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION, 1 - DRIVER ASSISTANCE, 2 - PARTIAL AUTOMATION, 3 - CONDITIONAL AUTOMATION, 4 - HIGH AUTOMATION, 5 - FULL AUTOMATION, 9 - UNKNOWN

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS                     

NON-MOTORIST LOCATION                     

ACTION 1

CONTRIBUTING CIRCUMSTANCES 99

SEQUENCE OF EVENTS

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 2

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

EVENTS

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EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

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DAMAGE

DAMAGE SCALE

4 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT

12 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW: 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL: 6 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD: 2

RAIL GRADE CROSSING: 1 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

UNIT SPEED:                      DETECTED SPEED:                     

POSTED SPEED: 50 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

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|   |  |                                   |   |                                  |   |  |                              |                           |                        |                     |                               |
|---|--|-----------------------------------|---|----------------------------------|---|--|------------------------------|---------------------------|------------------------|---------------------|-------------------------------|
| <b>UNIT #</b><br>1  | <b>NAME:</b> LAST, FIRST, MIDDLE<br>HANDSHUE, MATTHEW, D |                                   |   |                                  | <b>DATE OF BIRTH</b><br>02/16/1986  |  | <b>AGE</b><br>35             | <b>GENDER</b><br>M        |                        |                     |                               |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>173 CLOVERWOOD CRICLE, WADSWORTH, OH, 44281 |  |                                   |   |                                  | <b>CONTACT PHONE</b> - INCLUDE AREA CODE<br>[REDACTED]  |  |                              |                           |                        |                     |                               |
| <b>INJURIES</b><br>2  | <b>INJURED TAKEN BY</b><br>[2]                           | <b>EMS AGENCY (NAME)</b><br>LST   | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>MEDINA HOSPITAL |                                  | <b>SAFETY EQUIPMENT USED</b><br>1   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>5 | <b>EJECTION</b><br>3   | <b>TRAPPED</b><br>1 |                               |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>[REDACTED]             |                                   | <b>OFFENSE CHARGED</b>  |                                  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                              |                           | <b>CITATION NUMBER</b> |                     |                               |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b><br>M                                  | <b>RESTRICTION</b> SELECT UP TO 3 |   | <b>DRIVER DISTRACTED BY</b><br>1 | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1        | <b>ALCOHOL TEST</b>       |                        | <b>DRUG TEST(S)</b> |                               |
|   |  |                                   |   |                                  |   | <b>STATUS</b><br>1                               | <b>TYPE</b><br>1             | <b>VALUE</b>              | <b>STATUS</b><br>1     | <b>TYPE</b><br>1    | <b>RESULTS</b> SELECT UP TO 4 |

|  |                                  |                                   |  |                             |   |  |                         |                      |                        |                     |                               |
|--|----------------------------------|-----------------------------------|--|-----------------------------|---|--|-------------------------|----------------------|------------------------|---------------------|-------------------------------|
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |                                   |  |                             | <b>DATE OF BIRTH</b>  |  | <b>AGE</b>              | <b>GENDER</b>        |                        |                     |                               |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |                                   |  |                             | <b>CONTACT PHONE</b> - INCLUDE AREA CODE  |  |                         |                      |                        |                     |                               |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                             | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b>        | <b>TRAPPED</b>      |                               |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b>                                 |                             | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                         |                      | <b>CITATION NUMBER</b> |                     |                               |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b> SELECT UP TO 3 |  | <b>DRIVER DISTRACTED BY</b> | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>  |                        | <b>DRUG TEST(S)</b> |                               |
|  |                                  |                                   |  |                             |   | <b>STATUS</b>                                    | <b>TYPE</b>             | <b>VALUE</b>         | <b>STATUS</b>          | <b>TYPE</b>         | <b>RESULTS</b> SELECT UP TO 4 |

|  |                                  |                                   |  |                             |   |  |                         |                      |                        |                     |                               |
|--|----------------------------------|-----------------------------------|--|-----------------------------|---|--|-------------------------|----------------------|------------------------|---------------------|-------------------------------|
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |                                   |  |                             | <b>DATE OF BIRTH</b>  |  | <b>AGE</b>              | <b>GENDER</b>        |                        |                     |                               |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |                                   |  |                             | <b>CONTACT PHONE</b> - INCLUDE AREA CODE  |  |                         |                      |                        |                     |                               |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                             | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b>        | <b>TRAPPED</b>      |                               |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b>                                 |                             | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                         |                      | <b>CITATION NUMBER</b> |                     |                               |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b> SELECT UP TO 3 |  | <b>DRIVER DISTRACTED BY</b> | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>  |                        | <b>DRUG TEST(S)</b> |                               |
|  |                                  |                                   |  |                             |   | <b>STATUS</b>                                    | <b>TYPE</b>             | <b>VALUE</b>         | <b>STATUS</b>          | <b>TYPE</b>         | <b>RESULTS</b> 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 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                  | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 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 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 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 & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
|   | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT TRACTOR-TRAILER   | 6 - PASSENGER  |  |
|   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |  |
| <b>INJURIES TAKEN BY</b>                      | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 1 - NONE                                       |
| 2 - EMS                                       | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  |  | 2 - BLOOD                                      |
| 3 - POLICE                                    | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | P - PASSENGER                | 11 - LIMITED TO EMPLOYMENT   | <b>CONDITION</b>   | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                           | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | N - TANKER                   | 12 - LIMITED - OTHER   | 1 - APPARENTLY NORMAL  | 4 - BREATH                                     |
|   | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - PHYSICAL IMPAIRMENT  | 5 - OTHER                                      |
| <b>SAFETY EQUIPMENT</b>                       | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | <b>DRUG TEST TYPE</b>                          |
| 1 - NONE USED                                 | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 4 - ILLNESS  | 1 - NONE                                       |
| 2 - SHOULDER BELT ONLY USED                   | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 2 - BLOOD                                      |
| 3 - LAP BELT ONLY USED                        |  |                                    | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 3 - URINE                                      |
| 4 - SHOULDER & LAP BELT USED                  |  |                                    |                              | 18 - OTHER   | 9 - OTHER / UNKNOWN  | 4 - OTHER                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | <b>GENDER</b>                |  |  | <b>DRUG TEST RESULT(S)</b>                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    | F - FEMALE                   |  |  | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                              |  |                                    | M - MALE                     |  |  | 2 - BARBITURATES                               |
| 8 - HELMET USED                               |  |                                    | U - OTHER / UNKNOWN          |  |  | 3 - BENZODIAZEPINES                            |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 7 - OTHER                                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

21-14935

|                 |  |                                  |                          |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  |                         | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |                          |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  |                         | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |                          |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  |                         | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |                          |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  |                         | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

| INJURIES                     | SAFETY EQUIPMENT USED                         | SEATING POSITION  | AIR BAG USAGE                |
|------------------------------|---|---|------------------------------|
| 1 - FATAL                    | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)   | 1 - NOT DEPLOYED             |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE  | 2 - DEPLOYED FRONT           |
| 3 - SUSPECTED MINOR INJURY   | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE  | 3 - DEPLOYED SIDE            |
| 4 - POSSIBLE INJURY          | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)   | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY       | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE   | 5 - NOT APPLICABLE           |
|                              | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE   | 9 - DEPLOYMENT UNKNOWN       |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   |                              |
|                              | 8 - HELMET USED                               | 8 - THIRD - MIDDLE  |                              |
|                              | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE  |                              |
|                              | 10 - REFLECTIVE CLOTHING                      | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |                              |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 12 - PASSENGER IN UNENCLOSED CARGO AREA   |                              |
|                              | 99 - OTHER / UNKNOWN                          | 13 - TRAILING UNIT  |                              |
|                              |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   |                              |
|                              |   | 15 - NON-MOTORIST   |                              |
|                              |   | 99 - OTHER / UNKNOWN  |                              |

| EJECTION              | TRAPPED                            |
|-----------------------|------------------------------------|
| 1 - NOT EJECTED       | 1 - NOT TRAPPED                    |
| 2 - PARTIALLY EJECTED | 2 - EXTRICATED BY MECHANICAL MEANS |
| 3 - TOTALLY EJECTED   | 3 - FREED BY NON-MECHANICAL MEANS  |
| 4 - NOT APPLICABLE    |                                    |

|                |  |  |  |            |               |
|----------------|--|--|--|------------|---------------|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |            |               |

|                |  |  |  |            |               |
|----------------|--|--|--|------------|---------------|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |            |               |

|                |  |  |  |            |               |
|----------------|--|--|--|------------|---------------|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |            |               |

OHIO TRAFFIC ACCIDENT-- OH2 NARRATIVE

|  |  |                                    |
|--|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>21-14935</b> | REPORTING AGENCY<br><b>Montville Police Department</b> | DATE OF CRASH<br><b>03/12/2021</b> |
| IN COUNTY OF<br><b>Medina County</b>   | ACCIDENT LOCATION<br><b>Fixler</b>                     |                                    |

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|--------------------|--------------------------|
| OFFICERS SIGNATURE | BADGE NO.<br><b>1611</b> |
|--------------------|--------------------------|

**OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM**

|  |  |                                    |
|--|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>21-14935</b> | REPORTING AGENCY<br><b>Montville Police Department</b> | Date Of Crash<br><b>03/12/2021</b> |
| IN COUNTY OF<br><b>Medina County</b>   | ACCIDENT LOCATION<br><b>Fixler</b>                     |                                    |
|  |  |                                    |
|  | OFFICERS SIGNATURE                                     | BADGE NO.<br><b>1611</b>           |